



Montessori - zavod zasebni vrtec Cinca Binca, Kajuhova 32r, 1000 Ljubljana

montessori **VRTec**

HIŠA OTROK CINCA BINCA

Children's House, Casa dei Bambini, La Maison des Enfants, La Casa de los Niños

Kajuhova 32r, 1000 Ljubljana www.montessoricenter.si info@montessoricenter.si

REGISTRATION APPLICATION FORM

Applicant.....
Address.....
...
IDnumber.....tax number.....

I would like to enrol my child into the kindergarten programme of Children's House Cinca Binca.

CHILD INFORMATION:

Name and surname
.....

Address and municipality of residence:
.....
.....

Date of birth:.....
ID number:.....tax
code.....

Sex: M F

I would like to enrol my child to the kindergarten on (date):
.....

I require childcare (approximation) from _____till
_____.

I require (please select):

- Nursery
- Kindergarten for ages ranging from 3 to 6 years

- Both

In case my child is not accepted to the nursery, we (please select):

- A. Shall wait until possible admittance
- B. Withdraw from the application

Medical particularities of your child, which we must be informed of for safe and suitable childcare (allergies, any child development issues...)

.....

In case any of your children attended our kindergarten programme please state their name and date of birth.

.....

PARENT INFORMATION

MOTHER:	FATHER:
Home tel. number:	Home tel. number:
Occupation:	Occupation:
Office tel:	Office tel:
Mobile:	Mobile:
E-mail:	E-mail:

Place and date:

Applicant (Parent or guardian signature):

.....

Registration application procedure:

Please send the application form to our address, Kajuhova 32r, 1000 Ljubljana. We require a deposit of 100€ with the application on our bank account stated below. In case we are unable to accept your child, we will return your deposit of 100€ back. In the event that you decide to withdraw your application we will not return your deposit.

Institute transaction information:

Montessori - Institute private kindergarten Cinca Binca for upbringing and education
 Kajuhova 32r, 1000 Ljubljana
 Bank account: SI 6100 0000 5084 408
 Postscript: Child name and surname - application form

We will notify you about the committees' decision regarding your application. We will inform you as soon as is possible in the event that we have filled our capacities. In case you switch telephone numbers and/or address please let us know. This will ensure undisturbed communication between both parties. By signing this application form you guarantee that all provided information is genuine

and you also agree that the kindergarten may use the information according to regulations regarding data collection and data protection.