Data złożenia karty …………………………………………………. Załącznik Nr 1 do Regulaminu Rekrutacji

**KARTA ZGŁOSZENIA DZIECKA**

 **do Klubu Dziecięcego ,,SKRZAT” w** **Fałkowie**

*(Kartę zgłoszenia należy wypełnić drukowanymi literami.*

Dane osobowe podlegają ochronie zgodnie z obowiązującymi przepisami i z zachowaniem należytej staranności.

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| **Dziecko – jest mieszkańcem Gminy Fałków** |  Tak  Nie   |

1. **DANE PERSONALNE DZIECKA**

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| **Nazwisko**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Imię (imiona) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pesel |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data urodzenia  |  |  | - |  |  | - |  |  |  |  |  |  | Wiek na dzień 01.09.2025 ………….. |
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| Miejsce urodzenia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **DANE KONTAKTOWE**

**Adres zamieszkania dziecka:**

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| Ulica/Miejscowość  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nr domu |  |  |  |  |  | Nr mieszkania |  |  |  |  |  |  |
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|  Kod pocztowy |  |  | - |  |  |  |  |
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| Miejscowość/Poczta |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Województwo  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Powiat |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gmina |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **DANE MATKI / OPIEKUNKI PRAWNEJ**

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| Nazwisko  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Imię (imiona) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Ulica/Miejscowość  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nr domu |  |  |  |  |  | Nr mieszkania |  |  |  |  |  |  |
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| Kod pocztowy |  |  | - |  |  |  |  |
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| Miejscowość/Poczta |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telefon |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PESEL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **DANE OJCA / OPIEKUNA PRAWNEGO**

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| Nazwisko  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Imię (imiona) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Ulica/Miejscowość  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nr domu |  |  |  |  |  | Nr mieszkania |  |  |  |  |  |  |
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|  Kod pocztowy |  |  | - |  |  |  |  |
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| Miejscowość/Poczta |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PESEL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Preferowany pobyt dziecka w Klubie w godzinach od: ………. do: …………**

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 miejscowość, data czytelny podpis rodzica/opiekuna prawnego dziecka