|  |  |
| --- | --- |
| Újbuda Créche Institutions **Créche admission application** | PLEASE DO NOT WRITE HERE! |

Form to be used from 01 April 2023

**FORM FOR SUBMITTING AN APPLICATION FOR ADMISSION TO A CRÈCHE**

I, the undersigned ……….……………………………… (name of parent / legal representative), request the admission of my child named ……………………………………….. to the crèche 202 …… year ……… month ……….from day.

**Which créche do you ask your child to be admitted to?**

 *(The chosen crèche should be marked with an “x.” If you choose more than one crèche, please rank it!)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. | Újbudai Napsugár Créche | 1118 Budapest, Csiki-hegyek Street 9. |
|  | 2. | Újbudai Kuckó Créche | 1117 Budapest, Bogdánfy Street 4/a. |
|  | 3. | Újbudai Pöttöm Créche | 1118 Budapest, Ménesi Road 41. |
|  | 4. | Újbudai Mogyoróskert Créche | 1115 Budapest, Fraknó Street 13-15. |
|  | 5. | Újbudai Szemünk Fénye Központi Créche | 1119 Budapest, Tétényi Road 46-48. |
|  | 6. | Újbudai Katica Créche | 1118 Budapest, Törökugrató Street 11. |
|  | 7. | Újbudai Dúdoló Créche | 1112 Budapest, Menyecske Street 2. |
|  | 8. | Újbudai Bóbita Créche | 1116 Budapest, Fonyód Street 3-5. |
|  | 9. | Újbudai Mesevár Créche | 1118 Budapest, Zólyomi Road 20-22. |

**1. Details of the requested child**

Name: …………………………………………………Nationality: ……………………..

Place and date of birth: ……………………….., ……… year …………. month …… day

Mother’s name: ……………………………………………

Residence:  zip code ………………………………settlement ………………. street / road / square ……house number………….. building / staircase ……………… floor, door

Dwelling place:   zip code ………………………………settlement ………………. street / road / square ……house number………….. building / staircase ……………… floor, door

*(When specifying the place of residence and stay, the place of residence declared in the address register must be indicated.)*

**2. Details of parents / legal representatives**

|  |  |  |
| --- | --- | --- |
| **Data** | **Applicant parent / legal representative** | **Spouse / Companion** |
| Name: |  |  |
| Birth name: |  |  |
| Time and place of birth: |  |  |
| Marital status: |  |  |
| Profession: |  |  |
| Workplace: |  |  |
| Residence: |  |  |
| Dwelling place: |  |  |
| Contact (e-mail): |  |  |
| Contact (phone) |  |  |

**3. Details of siblings living in a common household**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of birth** | **Which institution is a visitor****(name and address of institution)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. Please sign with an “x” for what reason (s) you are requesting the child to be placed in a crèche?**

*a)* employment of parent / legal representative□

*b)* parent / legal representative lives alone□

*c)* parent / legal representative participates in school-based training□

*e)* the child is protected□

*f)* other reason:

…...……...……………………………………………………………………

**5. Other data**

Do they receive a regular child protection allowance? Yes No

Are they affiliated with the Early Development Center?

Yes No

Does the child have an expert opinion issued by a Committee of Experts? Yes No

Do they receive an increased amount of family allowance for a child or their siblings due to a “long-term illness or severe disability”? Yes No

Does the child need a special diet?

Yes No

Name of special diet (diagnosed by a specialist):

………………….…………..

I declare that in the two weeks prior to the commencement of the child's créche education, Decree No. 15/1998. (IV.30.) (on the professional duties of child welfare and child protection institutions and persons providing personal care and the conditions of their operation), I submit a certificate in accordance with Section 36 of the NM Decree. *(„Unless otherwise provided by the maintainer, the parent pursuing or intending to gain employment shall submit an employer's certificate to the institution or service provider providing créche care no later than two weeks prior to the commencement of the child's nursery care or present proof from your prospective employer that the parent will be employed by him, including his starting date.”)*

Aware of my criminal responsibility, I declare that the information provided is accurate.

..………………………..

 signature of parent / legal representative

I have read the “Data Management Information” of the Újbuda Créche Institutions on the website ubi.ujbuda.hu, I agree with all its points.

.………………………..

 signature of parent / legal representative

Date: Budapest, 2023…………………………..