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| **KARTA ZAPISU DZIECKA DO PRZEDSZKOLA**  **NA ROK SZKOLNY 2019/2020**  (W przypadku, gdy pytanie wymaga udzielenia odpowiedzi, należy zakreślić odpowiednio **TAK lub NIE**.)   |  | | --- | | Proszę o przyjęcie mojego dziecka  do  ………………………………………………………………………….. | | Od dnia: …………………….. r. |  |  | | --- | | **KWESTIONARIUSZ DANYCH OSOBOWYCH DZIECKA**  **na potrzeby rekrutacji i prowadzenia dokumentacji przedszkolnej/szkolnej.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DANE OSOBOWE DZIECKA** | | | | | | | | | | | | | | | | | PESEL |  |  | |  |  |  |  |  |  |  |  |  | | Nazwisko |  | | Imię | | |  | | | | | | | | | | Drugie imię | |  | | Data urodzenia | | |  | | | | | | | | | | Miejsce urodzenia | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **ADRES ZAMIESZKANIA DZIECKA** | | | | | | | | | Województwo |  | | | | | | | | Powiat |  | Gmina |  | | | | | | Miejscowość |  |  | | | | | | Ulica |  | nr domu | |  | nr mieszkania |  | | | Kod pocztowy |  | Poczta | | |  | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **ADRES ZAMELDOWANIA DZIECKA** | | | | | | | | | Województwo |  | | | | | | | | Powiat |  | Gmina |  | | | | | | Miejscowość |  |  | | | | | | Ulica |  | nr domu | |  | nr mieszkania |  | | | Kod pocztowy |  | Poczta | | |  | | |   **OBWÓD SZKOŁY DO KTÓREJ NALEŻY DZIECKO Z DOKŁADNYM ADRESEM** | | | | | | | | | | | | | | | | | | **DANE OSOBOWE MATKI  /OPIEKUNKI PRAWNEJ** | | | | | | | | | | | | | | | | | | Imię | | |  | | | | | | | | | | | Nazwisko | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **ADRES ZAMIESZKANIA MATKI/OPIEKUNKI PRAWNEJ** | | | | | | | | Województwo |  | | | | | | | Powiat |  | Gmina | | |  | | | Miejscowość |  |  | | | | | | Ulica |  | nr domu |  | nr mieszkania | |  | | Kod pocztowy |  | Poczta | |  | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **MIEJSCE ZATRUDNIENIA MATKI/OPIEKUNKI PRAWNEJ** | | | Nazwa zakładu pracy |  |  |  |  |  | | --- | --- | --- | | **TELEFONY KONTAKTOWE MATKI/OPIEKUNKI PRAWNEJ** | | | | **DOM:** | **PRACA:** | **TEL. KOMÓRKOWY:** | | **Adres e-mail:** |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **KWESTIONARIUSZ DANYCH OSOBOWYCH OJCA/OPIEKUNA PRAWNEGO** | | | | | | | | | | | | | | | | | | **DANE OSOBOWE OJCA/OPIEKUNA PRAWNEGO** | | | | | | | | | | | | | | | | | | Imię | | |  | | | | | | | | | | | Nazwisko | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **ADRES ZAMIESZKANIA OJCA/OPIEKUNA PRAWNEGO** | | | | | | | | | Województwo |  | | | | | | | | Powiat |  | Gmina | | |  | | | | Miejscowość |  |  | | | | | | Ulica |  | nr domu |  | nr mieszkania | |  | | | Kod pocztowy |  | Poczta | |  | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **MIEJSCE ZATRUDNIENIA OJCA/OPIEKUNA PRAWNEGO** | | | Nazwa zakładu pracy |  |  |  |  |  | | --- | --- | --- | | **TELEFONY KONTAKTOWE OJCA/OPIEKUNA PRAWNEGO** | | | | **DOM:** | **PRACA:** | **TEL. KOMÓRKOWY:** | | **Adres e-mail:** |  | |  |  |  |  |  | | --- | --- | --- | --- | | **INNE OSOBY UPOWAŻNIONE DO ODBIORU DZIECKA Z PRZEDSZKOLA** | | | | | Nazwisko i imię |  | Seria i numer dowodu osobistego |  | | Nazwisko i imię |  | Seria i numer dowodu osobistego |  | | Nazwisko i imię |  | Seria i numer dowodu osobistego |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **POBYT DZIECKA W PRZEDSZKOLU   ( należy wpisać godziny pobytu)** | | | | | | | | Dziecko będzie korzystało z bezpłatnej podstawy programowej realizowanej w godzinach: | | od | **8.00** | | do | **13.00** | | Dziecko będzie korzystało ze świadczeń wykraczających poza podstawę programową w godzinach:(każda godzina płatna 1 zł) | | od |  | | do |  | | **Dziecko będzie korzystało z następujących posiłków:** | | | | | | | | Śniadanie | TAK | | | NIE | | | | Obiad | TAK | | | NIE | | | | Podwieczorek | TAK | | | NIE | | | | Bez posiłków | | | | TAK | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **DODATKOWE INFORMACJE O DZIECKU** | | | | | Dziecko posiada opinię z Poradni Psychologiczno-Pedagogicznej | | TAK | NIE | | Dziecko posiada orzeczenie z Poradni Psychologiczno-Pedagogicznej | | TAK | NIE | | **Informacje o stanie zdrowia dziecka (alergie pokarmowe) mogące mieć znaczenie podczas pobytu dziecka w przedszkolu:** | | | | | Dziecko spoza Gminy Przemyśl | TAK | | NIE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **WYRAŻAM ZGODĘ NA** | |  | | | |  | | | **1.** | | Profilaktyczne i okresowe badania dziecka przez pielęgniarkę szkolną | | TAK | | NIE | | | | **2.** | | Diagnostyczno-pedagogiczne badania dziecka prowadzone przez wychowawcę grupy wynikające z przepisów prawa oświatowego | | TAK | | NIE | | | | **3.** | | Wstępne badania logopedyczne i w przypadku stwierdzenia wady wymowy pomoc logopedyczną | | TAK | | NIE | | | | **4.** | | Udział dziecka w religii | | TAK | | NIE | | | | **5.** | | Wykonywanie zdjęć z życia przedszkola i umieszczanie ich w kronice i na stronie internetowej placówki | | TAK | | NIE | | | | **6.** | | Na wyjście dziecka na spacery poza teren przedszkola i udział w organizowanych  przez placówkę  wycieczkach autokarowych | | TAK | | NIE | | | | **7.** | | Udzielenie pierwszej pomocy w nagłych przypadkach, przez personel pedagogiczny i administracyjno -  obsługowy | | TAK | | NIE | | | |  | |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | Dziecko zamieszkujące w odległości większej niż 3 km od przedszkola  ( dotyczy dzieci 5 letnich) | TAK | NIE | | Jeżeli tak, to z którego przystanku autobusowego należy dziecko zabrać? : | | | | **Sugestie Rodziców / Prawnych Opiekunów  -  oferowana pomoc na rzecz przedszkola:** | | |   **POUCZENIE:**  1. Dyrektor ma prawo żądać okazania się dokumentami potwierdzającymi dane zawarte w Karcie Zapisu. Rodzice/Prawni  Opiekunowie    składając   Kartę   Zapisu  muszą  posiadać te  dokumenty   przy  sobie  w  celu  zweryfikowana  danych    **OŚWIADCZENIE**  1. Uprzedzony  o  odpowiedzialności  karnej  z  art.  233  kodeksu  karnego  oświadczam, że podane dane są zgodne ze  stanem  faktycznym.  Przyjmuję  do  wiadomości, że  dyrektor  przedszkola  może  zażądać przedstawienia dokumentów  potwierdzających dane zapisane w Karcie Zapisu.  2. Wyrażam zgodę na przetwarzanie danych osobowych zawartych w Karcie  Zapisu w  celu  przeprowadzenia  rekrutacji  zgodnie  ze   Statutem   Przedszkola   i   prowadzenia  obowiązującej  dokumentacji  przedszkolnej  oraz  do  nawiązania  szybkiego  kontaktu  z  rodzicami  w  sytuacjach  szczególnych, zgodnie  z ustawą z  dnia  29 sierpnia 1997 r. o ochronie  danych osobowych (Dz. U. z 2002 r., Nr 101, poz. 926 z późn. zm.)   |  |  |  |  | | --- | --- | --- | --- | | **CZYTELNY PODPIS RODZICÓW/ PRAWNYCH OPIEKUNÓW DZIECKA** | | | | | **MATKI /**  **PRAWNEJ OPIEKUNKI** |  | **OJCA/**  **PRAWNEGO OPIEKUNA** |  | |