**Admission sheet**

Name: Debrecen Kistemplomi-Ispotályi Reformed Church

Address: 4025 Debrecen, Révész tér 2.

Phone: 06 70 639 7282

Website:

**Child’s details:**

Name:

Palce and time of birth:

Mother’s name:

TAJ number:

Address:

Other (illness, allergy):

Date of admission:[[1]](#footnote-1) ………..…….….… Date of discharge:[[2]](#footnote-2)

I request full-day/half-day care:[[3]](#footnote-3) ……………………………………………………………..

**Parents detalis:**

**Mother**

Name:

Address:

Phone, e-mail:

Job:

Workplace:

Address:

Telefon, e-mail:

**Father**

Name:

Address:

Phone, e-mail:

Job:

Workplace:

Address:

Telefon, e-mail:

**Who, besides the parents, can pick up the child from the nursery?**

**1. Name**:

Identity Card Number.:

Address:

Phone:

**2. Name**:

Identity Card Number.:

Address:

Phone:

**Pediatrician**

Name**:**

Nem of medical office:

Address:

Phone:

Opening hours:

**Nurse**

Name**:**

Nem of medical office:

Address:

Phone:

Opening hours:

***If there is a change in the data, please notfy us.***

Debrecen, 20……………………

 parent signature coordinator signature

1. To be completed by institution [↑](#footnote-ref-1)
2. To be completed by institution [↑](#footnote-ref-2)
3. Underline the appropriate part [↑](#footnote-ref-3)