**CHILD CARE APPLICATION FORM**

**FAMILY CENTER Mala ulica**

**September 13–17, 2014**

Child’s first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoken languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address at the time of the conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I need childcare on:

September 13, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

September 14, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

September 15, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

September 16, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

September 17, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

The application fee of **40 €/day** should be paid to the following account:

Account number: SI56 0126 1600 0002 222

Bank name: Banka Slovenije, Slovenska cesta 35, 1000 Ljubljana

IBAN number: SI56 0126 1600 0002 222

BIC / SWIFT: BSLJSI2X

The fee includes three meals a day (breakfast, lunch and afternoon snack) and all entrance fees of organized visits (ZOO, museums, etc.). The full program will be available in September 2014. Children will be taken care of by a professional team, who speaks English and German.

Specific needs of the child (special food requirements, allergies, diseases):

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the application form to info@malaulica.si