Crèche No.								
Child Information Card								
	Full name  Date of birth  Parents/ Guardians	PESEL No.						
	<b>Mother</b> a) Full name	Father a) Full name						
b) PESEL Noc) Place of residence and phone no.		b) PESEL No						
	d) Place of work and phone no.	d) Place of work and phone no.						
4.	4. Information about your child (please circle):							
	<ul><li>a) rolls from back to tummy:</li><li>b) crawls:</li><li>c) walks independently:</li><li>d) drinks from an ordinary cup:</li><li>e) needs help with:</li></ul>	yes/ no yes/ no yes/ no yes/ no eating:  yes/ no						
	<ul><li>f) signals physiological needs:</li><li>g) uses a potty:</li><li>h) communicates by:</li></ul>	washing hands and face: yes/ no yes/ no yes/ no - uses single words - makes simple sentences						
	<ul> <li>i) in new situations the child is:         <ul> <li>shy</li> <li>at ease</li> <li>wor</li> </ul> </li> <li>if none of the above, please descriptions.</li> </ul>	ried cribe his/ her reaction						
	j) habits that facilitate falling asleep:							

## 5. The child is prone to:

a) burping up food: yes/ nob) sobbing uncontrollably: yes/ no

	vations about your child that you wo					
	vations about your child that you we	ould like to share with us:				
	vations about your child that you we	ould like to share with us:				
	vations about your child that you we	ould like to share with us:				
  	ARATION OF THE PARENT/ GUA	.RDIAN:				
  	ARATION OF THE PARENT/ GUA	.RDIAN:				
 	ARATION OF THE PARENT/ GUA	RDIAN:				
ECL	ARATION OF THE PARENT/ GUA	.RDIAN:				
ECL	ARATION OF THE PARENT/ GUA	.RDIAN:				
ECL	ARATION OF THE PARENT/ GUA	RDIAN:				
	DECLARATION OF THE PARENT/ GUARDIAN:					
I hereby declare the following:						
1.	I have been informed that the child shall not be administered any medicines during his/her stay at the Crèche.					
3.2. If the Crèche Manager/ Carer informs me that my child has high temperature other symptoms of illness, he/ she shall be immediately collected from the Crèc by myself or one of the following persons:						
		phone no.				
C)						
8.3. If my child's life or health is at risk, I agree to medical procedures, including hospitalisation, and immediate notification of one of the above mentioned persons.						
8.4. My child may be collected by the following persons:						
-		phone no.				
•						
(.)						
	Ful a) b) c) 3. 4. Ful a) b)	other symptoms of illness, he/ she by myself or one of the following p  Full name PESEL No. a)				

8.5. Information about my child's state of health and everyday situations at the Crèche may be given to the following persons:

Full name	PESEL No.		phone no.					
-								
c)								
* Remark: the child m	nay be collected	d only by an adult.						
The information offered in this Card shall be used for the organisation and planning of wor with your child.								
Being aware of the criminal sanction laid down in art. 233 §6 of the Criminal Code, I hereb certify with my personal signature that the information given in the Card is true.								
Łódź, dated								
2002, 44104		readable signature of Mother/ Guardian						