

## Registration for the Ginkgo-Educa Playgroup

**School year 2026/2027**

Monday (14:00 – 17:00)

### Parents' personal details:

Father's name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Emergency contact person to be notified: \_\_\_\_\_

### Child's personal details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Family doctor's name and telephone number: \_\_\_\_\_

Allergies / medication / illnesses / special needs: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Photo permission:

The permission granted here includes the use of images for the following purposes:

- Sharing with parents, e.g. group photos or farewell gifts
- Publication on our promotional materials (website or social media), provided that the children are not identifiable

### Declarations and Consents:

- As the legal guardian, I acknowledge that this registration form is stored in an accessible location and relevant information may, in an emergency, be shared with third parties such as a doctor.
- All important information regarding the child's health condition is recorded on this form.
- I agree with the terms and conditions of Ginkgo-Educa and accept them in full.
- I agree with the privacy policy of Ginkgo-Educa and accept it in full.

Place / Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_