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Kindergarten Continuance Form

Parental Agreement for Student to Continue in Kindergarten

Child's name and surname: _____

Town, address and postal code: _____

I would like my child _____ (name and surname),
_____ (date of birth) to continue attending kindergarten.

This is the request for kindergarten continuance in kindergarten in (please, circle):

a) Viškovo

b) Klana

c) Rijeka

I would like my child to stay in kindergarten from Monday to Friday from _____ to
_____ (write at what time you will bring your child to kindergarten and pick your child up).

Mother's name and surname: _____

Employed: **YES**, _____ (where) / **NO** (please, circle)

Phone number: _____ Mobile number: _____

Phone number at work: _____

Father's name and surname: _____

Employed: **YES**, _____ (where) / **NO** (please, circle)

Phone number: _____ Mobile number: _____

Phone number at work: _____

(Town and date)

(Parent signature)