

PROVIDER: Herly, s.r.o, Head office: Nerudova 5, Bratislava 821 04; Premises: Peterská 16/A, Bratislava 821 03. **Registration number: 36008761.** In whose name acts: Mgr. Leonard Popovič. Account number and bank: **IBAN: SK70 0200 0000 0043 6036 6258,** Všeobecná úverová banka, a.s. BIC/SWIFT: SUBASKBX.



BINDING APPLICATION for provision of pre-primary education at a private kindergarten Little Champions (SVK, Malí šampióni) with languages of instruction: English and Slovak

I apply my child beginning of

Article I.

General information

First name and surname of parent:

Address:

Date of birth:

ID card number:

Mobile phone number:

E-mail:

(later only "Client")

First name and surname of child:

Date of birth of child:

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I am interested in *:

PRICE LIST VALID FROM 1.11.2021

CHILDREN 2-6 YEARS-OLD

- | | |
|---|------------------------|
| <input type="checkbox"/> Full-day care | 450 € /month |
| (athletics 40 € / month, tennis 60 € / month, ice-skating 70 € / month) | |
| <input type="checkbox"/> Full-day care with sport activities | 590 € /month |
| <input type="checkbox"/> Half-day care | 420 € / month |
| <input type="checkbox"/> Half-day care with sport activities | 560 € / month |
| (athletics 40 € / month, tennis 60 € / month, ice-skating 70 € / month) | |
| <input type="checkbox"/> Individual activities | according to agreement |
| <input type="checkbox"/> Adaptation process / 1 day care | 25 € / 1 day |

Food 5,50 € /day

* please highlight or underline your choices

First name and surname of other **person/persons authorized to pick up the child, their relationship to the child & mobile phone number/s:**

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**Article II.
Rights and obligations**

In case this binding application is signed, the client undertakes to register his/her child in the Provider's facility and pays the Provider's account - **IBAN: SK70 0200 0000 0043 6036 6258, Všeobecná úverová banka, a.s.**, agreed amount according to the Price list. Do not pay before we will send you an invoice.

If the client wants to cancel his/her child's registration in writing and delivers it to the provider:

- 10 or more days before beginning, **25% of price** will be transferred back to their account
- from 9 to 1 day before date of beginning or the day of entry into the establishment, or without announcement or during the program, **provider will keep 100% of the price**

If there are obstacles to the acceptance of a child on the side or the provider (for example full capacity or force majeure), the client will keep 100% of the paid price, which the provider will transfer back to the account of the client no later than 30 workdays since the discovery of the circumstances.

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Only in case of serious health issues is it possible for an agreement between the provider and client to be made, whose proposal and fulfilment is at the discretion of the provider.

The client claims to agree according to provisions § 7 paragraph 1 Act no. 428/2002 Journal of laws about personal information protection as amended in the later rulers, for the provider to processes and keeps his personal information, those, which are listed in the application form and processes them only for his needs. The Provider is obligated to handle and dispose of the Client's and his/her child's personal information in accordance with applicable legislation of the Slovak Republic. Consent to using personal information can be withdrawn by the client at any time in writing.

Article III. Final declaration

I declare that:

1. Information provided in the application is truthful.
2. I am not aware of any obstacle in terms of the health condition of my child, which would prevent my child to enter the facility of the provider.
3. I undertake to notify the provider in case of an occurrence of an infectious disease in the family, child, or closest circle.
4. I declare that the child will be personally hand over to the service teacher by me upon arrival at the facility and will be picked up by a guardian or another authorized person according to the written authorization.
5. I will enter a contractual relationship with the provider based on this binding application.
6. I was made aware of the rights and obligations of the client and I am signing the application willingly and based on my own discretion and knowledge.

Bratislava, on

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signature of parent (client)

ANNEXES

1. Medical certificate of the child's health condition and vaccination
2. Child's details questionnaire
3. Noninfectiousness Declaration