**DANE DO RODZINNEGO KAPITAŁU OPIEKUŃCZNEGO**

**ŻŁOBEK MIEJSKI NR 2 W GORZOWIE WIELOPOLSKIM**

**DANE DZIECKA:**

*Imię Nazwisko*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PESEL dziecka | | | | | | | | | | |  | | | | | | w przypadku braku numeru PESEL numer i seria dokumentu potwierdzającego tożsamość dziecka | | | | | | | | | | |
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**DANE RODZICÓW**:

**DANE MATKI:**

*Imię matki Nazwisko matki*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PESEL matki | | | | | | | | | | |  | | | | | | w przypadku braku numeru PESEL numer i seria dokumentu potwierdzającego tożsamość matki | | | | | | | | | | |
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*Data urodzenia matki*

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|  |  |  |  | - |  |  | - |  |  |

*Rok miesiąc dzień*

*Numer telefonu matki adres poczty elektronicznej matki*

**DANE OJCA:**

*Imię ojca Nazwisko ojca*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PESEL ojca | | | | | | | | | | |  | | | | | | w przypadku braku numeru PESEL numer i seria dokumentu potwierdzającego tożsamość ojca | | | | | | | | | | |
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*Data urodzenia ojca*

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*Rok miesiąc dzień*

*Numer telefonu ojca adres poczty elektronicznej ojca*

Data……………………….. Podpisy rodziców ………..………….…………  
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