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**OIB**: 86090243135

KLASA: 034-04-05/20-01/05

URBROJ: 2170/01-54-12-20-

**ZAHTJEV ZA NASTAVAK KORIŠTENJA USLUGA DJEČJEG VRTIĆA PONEŠTRICA**

**za pedagošku 2020/2021. godinu**

Ime i prezime djeteta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum rođenja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Izmjena osnovnih podataka o djetetu (ukoliko postoji) (adresa prebivališta, popis/kontakt brojevi telefona roditelja/osoba koje dolaze po dijete, promjena pedijatra, izmjena zdravstvenog stanja djeteta (alergije i sl.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ukoliko imate dodatnih pitanja slobodno nam se javite na 0918875725 (Monika Vučetić Juretić) ili na email:dvponestrica@gmail.com.

Kastav, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Potpis roditelja/skrbnika:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_