附件

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名 | | |  | | | | | 性别 | | |  | | 民族 | | | | | | |  | | |
| 出生日期 | | | 年 月 日 | | | | | | | | | | 儿童身体状况 | | | | | | |  | | |
| 儿童身份证号 | | |  | | | | | | | | 儿童户籍地 | | | | | | 区 街 | | | | | |
| 母亲身份证号 | | |  | | | | | | | | 母亲户籍地 | | | | | | 区 街 | | | | | |
| 父亲姓名 | | |  | | | | 工作  单位 |  | | | | | | | 联  系  电  话 | |  | | | | | |
| 母亲姓名 | | |  | | | |  | | | | | | |  | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | 固定电话 | | | | |  | | |
| 幼儿成长情况说明 | 儿童保健手册号（儿童保健手册14位条形码）： | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  |  | | |  |  | |  | |  | |  | |  |  | |  |  |
| 保健医提示：请您确保幼儿按时接种，如有漏种请于面试前补齐接种，并准备好加盖验讫章的《儿童预防接种证》，以备面试时查验。 | | | | | | | | | | | | | | | | | | | | | |
| 请如实填写幼儿身体发育情况及心理发展状况，对特殊病例请加以说明： | | | | | | | | | | | | | | | | | | | | | |
| 家  长  单  位证明及  意  见 | 兹证明\_\_\_\_\_\_\_\_\_\_\_\_\_（性别：\_\_\_，身份证号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ，  职工号：\_\_\_\_\_\_\_\_\_\_\_ ）为我单位正式教职工，现职务为\_\_\_\_\_\_\_\_\_ 。其子女已到入园年龄，申请到南开大学幼儿园登记入园，请给予协助办理。  特此证明  单位名称:(加盖公章) | | | | | | | | | | | | | | | | | | | | | |

**南开大学幼儿园儿童入园申请表**