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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | Заведующему МБДОУ «Д/С № 3 кп. Горные Ключи» | | | | | | |  | |  |  |  | | |  | | | | | | |  | |  |  |  | | |  | | | | | | |  | |  |  |  | | | ЗАЯВЛЕНИЕ | | | | | |  | | | |  |  | |  |  | о выплате компенсации части родительской платы за присмотр и уход за ребенком (Ф.И.) | | | | | | | | | | | | |  |  | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  | | 1. Ф.И.О. получателя\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | |  | | | Наименование документа, удостоверяющего личность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |  | |  | | | серия, номер документа\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |  | |  | | | кем выдан, дата выдачи\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |  | |  | | | Почтовый адрес получателя:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |  | |  | | | Реквизиты счета, открытого получателем в Сберегательном банке РФ или иной кредитной организации: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | | | |  |  | |  | | |  |  |  | |  |  |  | |  | | | |  |  | | № п/п | | | Ф.И.О. Всех детей в семье (по очереди рождения) | | | | | | | |  | | | |  |  | | 1 | | |  | | | | | | | |  | | | |  |  | | 2 | | |  | | | | | | | |  | | | |  |  | | 3 | | |  |  |  | |  |  |  | |  | | | |  |  | | Прошу выплатить мне компенсацию части родительской платы за присмотр и уход моего (моих) ребенка (детей) в | | | | | | | | | | | | | | |  |  | |  |  | | на первого ребенка в семье\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ в размере\_\_\_\_\_\_\_\_\_\_\_\_% | | | | | | | | | | | | | | | |  | |  |  | | |  | Ф.И.О. ребенка | | | |  | |  | | | |  |  | | на второго ребенка в семье\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ в размере\_\_\_\_\_\_\_\_\_\_\_\_% | | | | | | | | | | | | | | | |  | |  |  | | |  |  | | | |  | |  | | | |  |  | | на третьего ребенка в семье\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ в размере\_\_\_\_\_\_\_\_\_\_\_\_% | | | | | | | | | | | | | | | |  | |  |  | | |  | Ф.И.О. ребенка | | | | |  |  | | | |  |  | |  |  | | | | | | | | |  | | | | |  |  | | Данные, указанные мною в заявлении, соответствуют прилагаемым документам: | | | | | | | | | | | | | | |  |  | | 1. Копии свидетельства о рождении всех детей. | | | | | | | |  |  | |  | | | |  |  | | 2.Копия паспорта получателя  3. копия расчетного счета получателя | | | | |  | |  |  |  | |  | | | |  |  | | При изменении сведений, указанных в заявлении, обязуюсь своевременно сообщить о них руководителю муниципальной образовательной организации. | | | | | | | | | | | | | | |  |  | | Гражданину разъяснены его права на получение компенсации части родительской платы за присмотр и уход за ребенком в муниципальном ДОО, доведена до сведения процедура предоставления муниципальной услуги. | | | | | | | | | | | | | | |  |  | |  |  | | |  | дата |  | | | | | | | | |  |  | | |  | подпись |  | | | | | | | | | Регистрационный номер заявления (договора) | | | | | Дата приема заявления | | | | Подпись руководителя | | | | | | | | | |  |  | | |  |  | |  |  |  | |  | | | |  |  | |  |  |  |  |  |  |

Я\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ФИО) даю свое согласие образовательной организации\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ на обработку моих персональных данных и персональных данных моих детей. Перечень персональных данных на обработку которых даю своё согласие: фамилия, имя, отчество, дата рождения, паспортные данные, свидетельства о рождении моих детей, номер расчетного счета, адрес, контактный телефон.

Я признаю и подтверждаю, что в случае необходимости предоставления персональных данных для достижения указанных выше целей третьему лицу, а равно как при привлечении третьих лиц к оказанию услуг в указанных целях, образовательная организация вправе в необходимом объеме раскрывать для совершения вышеуказанных действий информацию обо мне лично таким третьим лицам, а также предоставлять таким лицам соответствующие документы, содержащие такую информацию. Третьи лица имеют право на обработку персональных данных на основании настоящего согласия. Перечень действий с персональными данными: бумажная, электронная и смешанная обработка персональных данных для решения вопросов по предоставлению услуги.

Я подтверждаю, что, давая настоящее согласие, я действую по своей воле и в интересах ребенка, законным представителем которого являюсь.

Согласие даю на период предоставления муниципальной услуги.

Дата\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ подпись \_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)ФИО