



FORM FOR REGISTERING A CHILD ON A WAITING LIST

Desired start date:

FORM FOR CONFIRMING REGISTRATION OF A CHILD

Child:

Last name	<input type="text"/>	First name	<input type="text"/>
Born on	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

The child lives with his/her: parents mother father
 Single-parent family: lives alone lives in a household

Parents:

Father / Male partner

Mother / Female partner

Last name	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode + town	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Private email	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Activity rate	<input type="text"/>	<input type="text"/>

Followed by: CSR EVAM SPJ PC Famille other: Name of referrer:

Placement:

Group :

First day of adaptation: Last day of adaptation:

First day of fixed attendance:

Confirmed times (Nursery – Toddlers – Infants)						
Subscription	Times	Monday	Tuesday	Wednesday	Thursday	Friday
Full day	07h30 - 18h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full day	07h30 - 16h00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning + midday meal	07h30 - 13h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning	07h30 - 11h45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	13h30 - 18h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child daycare – ‘Enfants Chablais’ network
 c/o servicefamille management sàrl, Av. de la Gare 24, 1880 Bex
 ☎ 024 552 01 30
 ✉ enfantschablais@ppfs.ch



L'Arbre à Musique
 CP 47
 1882 Gryon
 ☎ 079 859 73 29
 ✉ arbreamusique@bluewin.ch

Persons other than the parents authorised to collect the child:

Last name, first name: Tel:

Address: Link with the child:

May be contacted in an emergency

Last name, first name: Tel:

Address: Link with the child:

May be contacted in an emergency

Last name, first name: Tel:

Address: Link with the child:

May be contacted in an emergency

Child's doctor: Place and telephone:

We confirm that our child is insured with the following policies:

Health and accident insurance: Third-party liability insurance:

Does your child suffer from a handicap? yes no If yes, provide details:

Is your child on medication? yes no If yes, provide details:

Can we give him/her? In case of fever from..... °C Dafalgan or generic In case of a fall Arnica

Does your child have food problems/intolerances/allergies? yes (attach a medical certificate) no

If yes, provide details:

Remarks/details:

.....

Place and date:

Signature of Arbre à Musique management:

Signature of the child's legal representative(s):

.....

Document to be submitted to Arbre à Musique:

→ Registration form

Documents to be submitted to servicefamille management sàrl, Av. de la Gare 24, 1880 Bex:

→ Form on financial information and the supporting documents requested and certificate of activity rate