



**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: .....

**School:** .....

**Teacher's name + phone number + classroom:** .....

**First day of fixed attendance:** .....

Confirmed times (pre- and after-school day centre)						
		Monday	Tuesday	Wednesd	Thursday	Friday
Breakfast	07h30 – 08h45 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning	07h30 – 12h15 **				<input type="checkbox"/>	
Midday meal	12h15 – 13h45	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	13h45 – 15h15	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	15h15 – 17h30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	15h15 – 18h30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
End of day (5/6 P)	16h15 – 18h30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

\* 07h30 - 08h45 for wednesday, the pre- and after-school day centre will be opened from 5 registrations minimum

\*\* 07h30 – 12h15 for Thursday, the pre- and after-school day centre will be openend from 5 registrations minimum



**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

I authorise my child to go to/return from his/her ..... classes alone with effect from .....

Your child comes to the after-school day centre alone  yes  no

Your child is authorised to make his/her way home alone  yes  no

***If yes, we will not accept any liability concerning the journey home from the after-school day centre***

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 Baobab management: ..... Signature of the child’s legal representative(s):  
 .....  
 .....

**Document to be submitted to the pre- and after-school day centre:**

→ Registration form + 2 passport photos

**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