



Garderie l'Arbre à Musique
1882 Gryon

WAITING LIST FORM

Desired start date:

REGISTRATION FORM

Child :

Family name	<input type="text"/>	First name	<input type="text"/>
Date of Birth	<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 :

Mother / Female partner

Father / Male partner

Family name	<input type="text"/>	Family name	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>
Address	<input type="text"/>		
Postcode + town	<input type="text"/>		
Home phone	<input type="text"/>	Home phone	<input type="text"/>
Mobile phone	<input type="text"/>	Mobile phone	<input type="text"/>
Private email	<input type="text"/>	Private email	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>
Work phone	<input type="text"/>	Work phone	<input type="text"/>
% Working hours	<input type="text"/>	% Working hours	<input type="text"/>

Followed by : CSR EVAM SPJ PC Famille CSIR other :

Please attach a certificate and indicate the contact person :

Name of referrer:

Phone number:

E-mail :

Placement:

Group: Infants

First day of adaptation: Last day of adaptation:

First day of fixed attendance:

Subscription		Monday	Tuesday	Wednesday	Thursday	Friday
Morning + midday meal	06h45 – 13h00	<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"/>
Little day	08h00 – 16h00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully day	06h45 – 18h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated time of arrival of the child in the structure:

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

Child's doctor:

Town 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 a food problem/intolerance/allergie? yes (attach a medical certificate) no

If yes, provide details:

Remarks/details:

.....
.....

Date and place:

Signature of manager:

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

.....
.....

Document to be submitted to Arbre à Musique:

→ Registration form

Documents to be submitted to "Réseau Enfants Chablais", avenue de la Gare 24, 1880 Bex:

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