

UAPE le Baobab
1882 Gryon

Waiting list form

Desired start date:.....

FORMULAIRE DE CONFIRMATION D'INSCRIPTION D'UN ENFANT

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

	Parent 1		Parent 2
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 :

College :

Teacher's name + phone number + classroom:

First day of fixed attendance:

Subscription	Monday	Tuesday	Wednesday	Thursday	Friday
Before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning from 8h30	—	—	—	<input type="checkbox"/>	—
Midday meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon until 15h30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
After school until 17h30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
End of the day from 17h30 to 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

Insurance and health

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:

With their signature, parents accept the regulations of the Chablais child daycare network and authorize the exchange of information (family name, first name and address of the child, how often they go) with the communes of the network.

Signature of manager:

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

Document to be submitted to Baobab:
→ 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