



Garderie l'Arbre à Musique  
1882 Gryon

## WAITING LIST

Desired start date : .....

### Child

Family/First name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Brother/sister of : .....

### Childcare hours requested

Do you accept the rules and regulations of the « garderie L'Arbre à Musique » ?     Yes     No

Childcare provision is not possible without accepting the rules and regulations

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning with midday meal    06h45 – 13h00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon without meal    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"/>

Current childcare solution :

Home childcare services (AFJ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason that childcare is required     Professional obligations  
 Another reason : .....

Are you flexible about which days or half-days you have childcare for?     Yes     No

Would you accept fewer hours than you have requested ?     Yes     No

### To be completed by the manager of the creche

#### Registration form

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning with midday meal    06h45 – 13h00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon without meal    13h30 – 18h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short day    08h00 – 16h00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full day    06h45 – 18h30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First day of adaptation: .....

Last day of adaptation: .....

First day of fixed attendance: .....

Date : .....

Signature of manager: .....

**Household**

The child lives:  with parents  
 with mother →  lives alone  lives as a couple (partners details given below)  
 with father →  lives alone  lives as a couple (partners details given below)

Household :  Mother  Fathers partner  Father  Mothers partner

Family name

First name

Private email

Mobile phone

Address

Postcode + town

If you are planning to move, please give your new address :

.....

New address valid from : .....

**Employment details**

Employed	<input type="checkbox"/>	Employed	<input type="checkbox"/>
Looking for work (signed up with the ORP)	<input type="checkbox"/>	Looking for work (signed up with the ORP)	<input type="checkbox"/>
In training	<input type="checkbox"/>	In training	<input type="checkbox"/>
Unemployed*	<input type="checkbox"/>	Unemployed*	<input type="checkbox"/>

Employer (name and address)

Work phone

Working hours

%

%

Do you have more than one employer ?  Yes  No

Yes  No

\*Unemployed : non-subsidized rate

**Assistance**  Yes  No

Followed by :  CSR  EVAM  DGEJ

PC Famille  CSIR  Other : .....

Establishment concerned : .....

**Please attach a certificate and give the details of the contact person :**

Name of referrer : .....

Phone number: .....

E-mail : .....

**Parental permission**

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

Date : .....

Signature : .....

Signature : .....

\*Regulations of « Enfants Chablais » childcare network : <https://arasape.ch/aje>