

Réseau "Enfants Chablais" Avenue de la Gare 24 1880 Bex

O21338 99 20 enfantschablais@aras.vd.ch www.arasape.ch



UAPE Le Baobab Rte du Village 34 – CP 47 1882 Gryon ☎ 079 545 53 22 ⊠ arbreamusique@bluewin.ch

1882 Gryon

UAPE le Baobab

WAI	TING LIST (Pleas	e return to UAPE)						
Desi	red start date:							
Chil	d							
Family/First name Date of Birth			☐ Male	☐ Female				
Broth	ner/sister of: .							
Chil	dcare requested	:						
_	-	and regulations of the « UAP ible without accepting the rules and re		» ?	☐ Yes	□No		
Rate		Session	Monday	Tuesday	Wednesday	Thursday	Friday	
8%	Morning before school							
	Morning without school from 8h45		_	_	_		_	
4%	Lunchtime break	with meal						
	Afternoon without	school until 15h15						
8%	After school	until 17h30						
Appr	oximate time of arri	val of your child :						
_ □ As	stration form requested shown below	To be comple		_				
Rate		Session	Monday	Tuesday	Wednesday	Thursday	Friday	
8%	Morning before so			Ш				
	Morning without s			_				
4%	Lunchtime break							
00/	Afternoon without							
8%	After school	until 17h30						
Firs	End of the day	from 17h30 until 18h30						
Date: Signature of manager:								

Version : Février 2022

Household													
The child lives:	☐ with parents	3											
	☐ with mother	· →				ouple (partners details give							
	☐ with father	$\rightarrow$		lives alor	ne 🗌 lives as a co	ouple (partners details give	en below)						
Household :	☐ Mother	☐ Fathers par	rtner		☐ Father [	Mothers partner							
Family name													
First name													
Private email  Mobile phone													
мовне рнопе													
Address													
Postcode + town													
If you are planning to move, please give your new address :													
New address valid from:													
Employment detail	S												
	Employed		Г	1	Employed								
	Looking for wo	rk			Looking for work								
	(signed up with the		_	_	(signed up with the Ol	RP)	_						
	In training			]	In training								
	Unemployed*		L	J	Unemployed*		Ш						
Employer													
Made also as													
Work phone Working hours		%				%							
Tronking neare		,,				,,,							
Do you have more tha	n one employer	?	☐ No		[	☐ Yes ☐ No							
					*Un	employed : non-subsidiz	ed rate						
Assistance	Yes	□ No											
Followed by :	☐ CSR	☐ EVAM	☐ DGEJ										
	☐ PC Famille	☐ CSIR	☐ Other :										
Establishment concern			_										
Latabilatiment concert	ieu												
Please attach a certif	icate and give	the details of t	he contact	person :									
Name of referrer :													
Phone number:													
E-mail:													
Parental permissio	n												
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 :			Signati	ıre :									
			Signati	ıre :									
*Pogulations of " Enfants Ch	anhlais » childeara n	otwork : https://oroog											



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