



INSCRIPTION FORM AND HEALTH MONITORING

**Please fill in the form and give it to the Manager of Saturnins Nursery on the first day of activity.
Obligatory document in proof of birth.**

CHILD

Surname* :

Christian Name* :

Date of birth* :

Any Handicap or important Detail / Allergies

Child's habits* :

Child's weight* :

Vaccinations : MMR DTP Meningitis *Obligatory notebook of vaccination*

Is your child vaccinations up to date: yes no

PARENTS

Surname* :

Christian Name* :

Home Address* :

Mobile phone (*obligatory*)* :

Email address: @

Other persons allowed to collect the child

1°

2°

**Obligatory Mentions*

I authorise de Méribel ESF to use all pictures and films for communication supports (print, digital,etc) without requesting financial compensation.

I, the undersigned _____, authorize the Manager of the Nursery :

- To take any measures necessary for urgent medical treatment or transfer of my child to hospital in cas of serious accident.
- To take my child out of the Nursery « Les Saturnins »

I, authorise the Méribel ESF to use all pictures and films for Communication support (print, digital, etc...) without requesting Financial Compensation

Yes No

Date* : _____

Signature* :