



# NURSERY "Les Saturnins"

FROM 18 MONTHS TO UNDER 3 YEARS OLD



## REGISTRATION FORM AND HEALTH CHECK

Please fill in the form and give it to the manager of the nursery on the first day of activity. Proof of age must be provided.

### CHILD

First name:

Last name:

Date of birth:

Weight:

Medical information (health difficulties, illnesses, food allergies, need for assistive devices such as corrective glasses/hearing aids, etc.):

Obligatory vaccinations DTTP, Whooping Cough, BCG, etc.:  yes  no *Vaccination certificate is requested*

Any recommendations from parents: (soft toy, nipple, sleeping bag, sunscreen, wet wipes, etc.)

### PARENT OR CARER

First name:

Last name:

Address during your stay:

City, country of residence:

Mobile phone *(obligatory)*

Mother:

Father:

Other people allowed to pick up your child:

1°

Tel. :

2°

Tel. :

E-mail address:

@

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

I, \_\_\_\_\_, legally responsible for the above-named child, declare hereby that the information on this document is correct. I authorize the manager of the nursery to undertake or consent to on my behalf any first aid or medical measures (medical treatment, hospitalization, surgical intervention, etc.) deemed necessary by the child's health conditions and well-being. I authorize to take the child out of the nursery for medical attention should this be required. I declare to accept the internal regulations of the nursery.

Date: \_\_\_\_\_

Signature: