



Booking form childcare "A la carte"

Name and First name of the adult responsible for the child

Address

City / Postcode..... Country

Mobile phone

Email.....

Date of your stay: From To

CHILD 1

NAME..... FIRSTNAME

Date of birth Age

Your request :

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Day of arrival at the childcare:

CHILD 2

NAME..... FIRST NAME

Date of birth Age

Your request :

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Day of arrival at the childcare:

IBAN FR76 1680 7000 2781 8446 0919 687
 BIC CCBP FR PP GRE
 Account name ESF de Morillon
 Bank address Banque Populaire de Samoens

I confirm that I have read the rules of procedure and accepted the booking conditions.
 Date: Signature:

Booking form to be returned with health card and certificate of aptitude: by email at info@esf-morillon.com
(A confirmation email will be sent to you after receipt and validation of your request with the amount to settle)

In accordance with the Data Protection Act, all information is required for processing your reservation request. If one or more information is missing, your reservation request will not be processed and your payment will be returned. This information is intended only for the Village des Enfants at Morillon 1100. You have the right to access or to oppose on information about you from: ESF Morillon 74440 Morillon