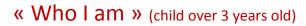
## MORILLON SEASONAL DAYCARE CENTRE « LE VILLAGE DES ENFANTS »





Child:			
NAME:		Surname:	
Stay:			
Date of arrival at the daycare:  Departure date of the daycare:  Rental address:	///		The daycare is closed on Saturdays
Allergies – medical problems	Which ?		To behave
Drug			
Food			
Asthma			
Other			
Person in charge of the child:			
Mother  Name and surname :  Phone number :		Father  Name and surname :  Phone number :	
Adults authorized to pick up the child (on presentation of an identity document)  Name and surname:  Phone number:			
Name and surname: Phone number :			
Habits of the child:			
Nap:       □ No       □ Yes (duration:			
The child must be provided with a bag containing: snow boots, warm clothing, slippers, change of clothes, sunglasses, sunscreen, and diapers (if necessary).			
I undersigned,certifies that:			
- I authorize the Direction to take all the necessary measures for the good health of my child In case of emergency, I authorize the transfer of my child by the fire brigade to the nearest hospital.			

- I certify that my child is up to date with his vaccinations (if not, thank you to get closer to the daycare).

- I acknowledge having read the rules of the "Village des Enfants" and accept the terms and conditions (reception and

pricing conditions)

Dated:

Signature: