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WELCOME

NURSERY - CRECHE



For children from 3 months to 3 years old, the Nursery – Crèche, at Montana Mini Club is open from sunday to friday.



From 8.30am to 5pm for the whole day
From 8.30am to 12.00am for the morning
From 2pm to 5pm for the afternoon
From 8.30am to 1.45pm for the morning + meal
From 12.00am to 5pm for the afternoon + meal

THANK YOU FOR RESPECTING THIS TIMETABLE IN CASE OF DISRISPECTING, THERE WILL BE A CHARGE OF € 16

High season only: You can visit the Miniclub between 5pm - 6pm, on the Saturday At your arrival, undress your child from ski clothes and when you leave dress your child.

For your child's comfort, please bring:

3 diapers for the whole day and 2 for a half day with the child's name written + wipes.

A change of clothes.

Warm clothes, boots, sunglasses and cream for eventually outdoor walking's.

Child's favourite toy (teddy, dummy etc....) with the child's name written.

For the baby's, bottle of milk prepared (empty bottle).

Health record.

For your security and hygiene, we cannot accept ill children.

We reserve the right to control their temperature, and in case of doubt, refuse admittance.

We will examine a possible return upon presentation of a medical certificate issued by a doctor stating that the child is no longer contagious.

In the event of a possible refund, this will be made on a prorata basis.

Each day started will be charged.



WE WISH YOU A GOOD STAY IN VAL THORENS

miniclub@esf.me

Tel Montana: +33 479 010 238

NURSERY - CRECHE

Information Form¹

CHILD:

NAME, Surname				•••••	Age
DATE OF STAY: from		to		•••••	••••
Is it the first separation between	n child and m	other?	•••••	••••••	
Usual means of child care?	□Crèche	□Child Minder	\Box Family	□None	
In order to adapt to your child	<u>'s lifestyle, we</u>	require further	<u>informatio</u>	o <u>n :</u>	
Does your child takes a nar	, if so when?	•••••		•••••	
• Does he/she have a dummy	y ?				••••••
• Does	he/she			use	diapers?
Does he/she have a favorit	e toy, it so des	scribe:	•••••	•••••	••••••
Eating habits:					
• Time		of			meals/bottles?
• Child's			•••••	•••••	diet
			•••••	•••••	
•••••					
• Does your child eat: Veget	ables Fr	uits Meat	Fish	Dairy pro	oducts
Medical information:					
Medical treatments M. V. Marian M.					
If Yes, please join a valid med written on and the instructions		on plus the med	licine (in ti	ne originai box	with the name of the child
No medicine may be apply with	•	ation			
 Health problems, allergies, 					
- Treatm problems, unergies,					
Weight					
				•••••	
•••••					
• Vaccination update:	Yes □ No I	If your child doe	es not have	e the obligatory	y vaccination, please join a
medical certificate.					
• Phone number of doctor in	home country	:	•••••	•••••	
Person responsible for t	the child:				
Name, Surname:					
Adress in Val Thorens :			•••••		
Permanent					adress :
•••••	••••••	•••••			•••••
Mobile phone number during the	he stay: (Requ	ıired):			

 $^{^{\}rm 1}$ Confidential information, will only be used for our staff.

Other people authorized to pick up the child:
Do you take Ski lessons with the ESF? $\ \square$ Yes $\ \square$ No $\ $ If yes, at what time ?
Do you have other children in our ski school? \Box Yes \Box No
In which level: \square With Meal \square Without Meal
I the undersigned,, legally responsible for the child, declare that,
In case of any problems concerning the health of my child (fever, vomiting, diarrhea) I will pick his up as soon as possible. Authorize the director to take the necessary measures required (such as medical treatment hospitalisation, medical surgery) according to the child's state of health.
DATE: SIGNATURE: