

Date of stay ..... To.....

PLEASE ENTER THE DATES UNDER THE DAYS AND TICK THE CORRESPONDING BOXES AT YOUR REQUEST FOR TYPE OF DAYS

	Saturday...	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	...../.....	...../.....	...../.....	...../.....	...../.....	...../.....	...../.....
Morning : 9 :15 – 11 :30							
Maxi ½ day morning: 9:15 - 13:15							
Maxi 1/2 day afternoon: 11 :45 – 16:45							
Afternoon :13:30–16:45							
Maxi Day : 9 :15 – 16 :45							
Provider day 8:45-17:15 (only in the summer)							
Family + (only in winter)							

Name and surname of child: ..... Age and date of birth: ..... Years...../..... /.....

Weight: .....

Does he nap? ☐ Yes ☐ no - with diaper ? ☐ Yes ☐ No

Thank you for describing his cuddly toy and pacifier: .....

Is there a particularity to know (falling asleep, meals, ...) : .....

Eat alone? ☐ Yes ☐ no With help : ☐ Yes ☐ no

Usual mode of care: .....

#### Medical Information:

**Known allergies** (drug, food, etc.) ☐ yes ☐ no

If yes, which ones: .....

**Photocopy health record:** to be attached imperatively for your registration

Current medical treatments: ☐ yes ☐ no, If yes which ones: .....

**Contraindication to Paracetamol?** ☐ Yes ☐ No

If your child is even minimally disabled, please let us know in order to welcome him in the best conditions. Other information you need to know: .....

PAI: (Individualized Home Project) ☐ Yes ☐ No

#### **PARENTS**

Name and surname of parents: .....

Phone: \_\_\_\_\_ @mail: .....

Main residence address: .....

Zip code: ..... Town: ..... Country: .....

Name holiday residence: .....

**I authorize the following people to pick up my child, upon presentation of identification:**

..... / ..... / .....

How did you find out about daycare? (Website, OT, word of mouth, others.) : .....

I, the undersigned: .....

Responsible for the child, Name: ..... Forename: .....

In the event of a fever above 38°5, authorizes daycare staff to apply the protocol set out in the Rules of procedure (overleaf).

The temperature will be taken in rectal.

I acknowledge that I have read the rules of procedure of the daycare and accept them.

No refund will be made, except with a medical certificate given before the end of the stay.

Thank you for respecting the schedules of the structure, because any overtime will be charged 37 euros.

Done on:

Signature: