

GARDERIE LES FRIPOUILLES

Information concerning the child :

Name : _____

First name : _____

Birthday date : _____ / _____ / _____

Parents' name : _____

Adress : _____

Adress (Station) : _____

Phone number : _____

Portable : _____

Your stay : from _____ to _____

Your formula :

Ticket ½ day Package 6x1/2 days

Ticket full day Package 6x1/2 days + 6 lunch time

Ticket ½ day + lunch time Package 6 days

Ticket hour

Siesta :

On the back Lying face down

With dummy With teddy bear Other

Previous disease : _____

Compulsory vaccination :

Polio Diphtérie Tétanos yes / no

Medicine in case of fever : _____

Has the child convulsions : Yes No

Child' s weight : _____ kg

Does the child already go to :

In crèche in nursery at a nanny's

Diet : yes no

Time for feeding bottle : _____

Allergy : _____

People authorized to collect up child :

-

-

_____, I, the undersigned, authorize the nursery to take all the initiatives requested by the state of the child in the event of accident or disease undergone of this one.

The nursery will be able to take the child to the Doctor's. The cost will be supported by parents

I have take knowledge of this rules

In :

Date :

Signature :