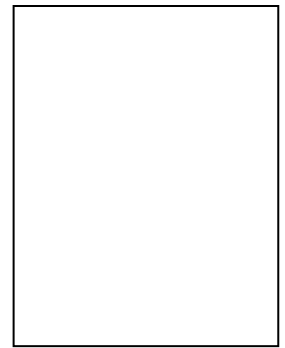




SUMMER 2021

ENROLMENT FORM

PARI-GRANDIR



CHILD

Last name:First name:.....
Date of birth:.....

PARENTS

Father / Mother

Last name: First name:.....
Address:.....
Postal Code:..... City:.....
Home number:..... Mobile number:.....
Office number:..... E-mail: :.....@.....

Father / Mother

Last name:First name:.....
Address :.....
Postal Code:..... City:.....
Home number:..... Mobile number:.....
Office number:..... E-mail:.....@.....

List of people to contact in case of an emergency: if different from the parents

Relation to child:
Last name:First name:.....
Home number:..... Mobile number:.....
Office number:.....

Relation to child:
Last name:First name:.....
Home number:..... Mobile number:.....
Office number:.....

Authorized pick-up list: if different from the father and mother

Relation to child:
Last name:First name:.....
Home number:..... Mobile number:.....
Office number:.....

Relation to child:
Last name:First name:.....
Home number:..... Mobile number:.....
Office number:.....



HEALTH INFORMATION ABOUT THE CHILD

VACCINATIONS:

Copy the information in from the health record of the child and join photocopies of relevant pages.
If you want this information kept confidential, please put this information in a sealed envelope.

VACCINATION	DATES	VACCINATION	DATES
DT Polio		Hepatitis B	
Tetracoq		R.O.R	
BCG		Whooping cough	

	ALLERGIES	
ASTHMA	YES	NO
TO CERTAIN TYPES OF FOODS	YES	NO
TO CERTAIN TYPES OF MEDICINE	YES	NO

MEDICAL INFORMATION ABOUT THE CHILD

Indicate whether the child has or has had health issues (diseases, accidents, allergies, hospitalizations):

Is your child being treated at the moment?

YES NO

If so how? (treatment/medicine)

(if the child has to undergo treatment during his stay at the center, thank you for attaching the doctor's prescription and an authorization on your part for Pari-Grandir staff to administer medicine as well as precise indications on how to do it/ the medicine's leaflet)

DOCTOR

Name: Name:

Phone: Mobile:

Address: Postcode:

City:



ACTIVITIES & EDUCATIONAL OUTINGS

I, authorize my child:

To leave the Pari-Grandir centre at the end of activities

YES NO

To participate in all activities & outings organized by Pari-Grandir in the hours during which Pari-Grandir is in charge, whatever the mode of transport may be

YES NO

I, legal guardian of the child, declare that the information contained in this form is exact and I authorize the people in charge of the Pari-Grandir centre to take all measures which they deem appropriate (medical treatment, hospitalization, surgery) made necessary for the improvement of the child's condition in case of an accident

Date :

Signature :