



REGIE SERV SCOL LA PLAGNE TARENTAISE

Mairie de Macot la Plagne

Place Charles de Gaulle CS 50004

73210 AIME LA PLAGNE CEDEX

Tel : 0479097152

mairie@laplagnetarentaise.fr

REGISTRATION FORM

Child

Last Name :

Nationality:

First

Born the :

Age :

Children information:

Sexe :

Dates of stay : From.....to.....

Reserved hours :

Sunday : from.....to.....

Thursday: from.....to.....

Monday : from.....to.....

Friday: from.....to.....

Tuesday : from.....to.....

.....: from.....to.....

Wenesday : from.....to

.....: from.....to.....

Additional information :

At :

date :

Signature :

Family details :

Mister and Miss :

Phone number 1:

Adress :

Phone number 2:

Email :



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Registration form

| | |
|---|---|
| Responsible file1 parental authority : yes no | Responsible file2 parental authority : yes no |
|---|---|

| | |
|---------------|--------------|
| Last name : | First name : |
| Adress : | |
| Phone : | |
| Born the : | At : |
| Nationality : | |
| Profession : | |

| | |
|---------------|--------------|
| Last name: | First name : |
| Adress : | |
| Phone : | |
| Born the : | At : |
| Nationality : | |
| Profession : | |

Persons authorized to pick up the child :

| First name / Last name | Adress | Phone 1 | Phone2 | Family link |
|------------------------|--------|---------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Request for authorisations :

| | Valeurs | Commentaires |
|--|-----------|--------------|
| Permission to film or photograph | Yes No | |
| Permission to go outside | Yes No | |
| Permission to take th free bus | Yes No | |
| Permission to put photos or films on the website of La Plagne Tarentaise | Yes No | |

| Vaccins | Obligatoire | Dernière vaccination | Prochaine vaccination |
|----------------------|-------------|----------------------|-----------------------|
| ENGERIX | | | ---/-----/----- |
| INFANRIX HEXA | | | ---/-----/----- |
| PENTAVAC | | | ---/-----/----- |
| PRIORIX | | | ---/-----/----- |
| PREVENAR | | | ---/-----/----- |
| TETRAVAC ACELLULAIRE | | | ---/-----/----- |

| Médecin | Spécialité | Adresse | Téléphone | Ville |
|---------|------------|---------|-----------|-------|
| | | | | |

Informations :

- Cuddly toy? (description) :
- Nap ?
- Nappies ?
- Tetine ?
- Others ?

