



REGISTRATION FORM

NAME and LAST NAME of your child:
Date of birth of your child:
Last name and name of the signing parent:
Last name and name of the 2nd parent:
Address:
E-mail address(es):
Telephone number(s):
Siblings (brothers/sisters and age):

School

Club

Information and Civil Liberties

The information collected is necessary for registration with ARCO IRIS. It is processed and stored in accordance with the French Law "Informatique et Libertés" n°78-17. It will never be communicated, except with your express consent.

You may request communication, rectification or deletion by sending a written request accompanied by a copy of your identity card.

AUTHORIZATIONS

Authorisation to go out for external activities:

Your child may participate in activities outside of ARCO IRIS in Boulogne-Billancourt or in the Ile de France region, requiring an optimised transport time depending on the time of the outing, the age of the children and their safety. You will be systematically informed of this outing in advance.

- I give my consent, whatever the mode of transport, for my child (first name, last name)
- I do not give my consent for my child (first name, last name)

Image Rights

As part of your child's welcome, the ARCO IRIS team may take photos or videos of your child to enhance the daily report.

The ARCO IRIS team may also use the photos or films to promote its activities (to show the atmosphere, the scenery, the diversity of the activities, etc) and therefore asks for your agreement for their possible diffusion on paper or on the Internet (website and social networks).

- I give my agreement concerning my child (first name, last name)
- I do not give my consent concerning my child (first name, last name)

List of people authorised to collect your child:

Specify name and telephone number

- _____
- _____
- _____

Signed at (place) _____ on (date) _____

Signature

Documents to be submitted:

- signed conditions of enrolment (below)
- signed quotation
- health form
- description of your child
- civil liability certificate

CONDITIONS OF REGISTRATION

Our mission:

ARCO IRIS welcomes children, aged 2.5 to 11 years old, during school, extra-curricular and after-school hours for a gentle learning experience in a warm and friendly environment located at 31 cours de l'île Seguin in Boulogne-Billancourt.

The ARCO IRIS school is open on Monday, Tuesday, Thursday and Friday from 8.30am to 4.30pm.

ARCO IRIS Club takes over in the evening until 7.30 pm, on Wednesdays, and during the school holidays as a full day service (8.30am - 7.30pm). The team picks up the children who attend the club from other schools.

Your mission:

- Adhere to our pedagogical project and our learning methods
- Ask us all the questions, even the simplest ones, related to the reception of your child,
- Inform us of any reservations before signing the contract or as soon as possible so that we can move forward in good understanding,
- Be transparent about any particularities to be respected (allergies, treatments, or personal events affecting the child's life) to enable us to welcome your child in the best conditions,
- Give us ideas that your child would like to see,
- Inform your child of what to expect, so that he/she can look forward to it

How to book:

ARCO IRIS allows you to choose the formula that suits you:

We give priority to weekly enrolments because daily attendance encourages learning. For the youngest children, it is possible to enrol them only in the morning, with or without lunch. ARCO IRIS Club adapts to your needs and welcomes children à la carte from 1 to 4 evenings per week, from half day to full day on Wednesdays and during the school holidays. Priority is given to year-round registrations. It is possible to arrange a one-time welcome depending on availability.

Invoicing:

The estimate established beforehand includes exactly the request you have made. The amount (in euros, including VAT) is determined from your choices and will be invoiced monthly (36 weeks/year for a full year); holidays are already deducted from the package. The invoice will therefore be for the same amount each month from September to June in accordance with the estimate attached to this contract. A prorata will be applied in case of enrolment during the year. By accepting the quote, you undertake to bring your child to the dates indicated and to pay the corresponding amount. The registration is effective on the date of payment of the deposit. Payment, to be made at the beginning of the month, can be made by cheque, bank transfer (the RIB is written on the quotation) or in cash (in accordance with legal requirements). Any delay of more than 8 days may be subject to late payment penalties of 5% of the total invoice amount.

Contingencies:

If unforeseen events lead you to definitively renounce the services of ARCO IRIS, for any legitimate reason, it is possible to break the contract subject to a notice period of 3 months. Due to the annualization of the childcare costs, you may be required to pay a balance which will then be established according to the actual time spent with your child. In case of temporary absence such as "minor" illnesses, early holidays, etc., it is best to inform us as soon as possible so that we can help you find the best alternative solution. Because of the commitment being made to the ARCO IRIS team, who is involved at a very early stage, the services remain due and it will not be possible to be reimbursed.

Insurance:

In order to cover any damage caused by your child, you are asked to provide proof of insurance for civil liability. ARCO IRIS has an insurance policy in accordance with its activity (certificate available on request). If your child falls ill or is injured while at ARCO IRIS, you will be immediately informed. ARCO IRIS will take all necessary measures to ensure the safety of your child. For this purpose, it is necessary to complete the health form attached to this contract. For your information, the headteacher and all the permanent staff have a first aid training diploma.

Signed at (place) _____ on (date) _____

Signature (preceded by the words "read and approved")

Child description form

Last name: _____ Name: _____ Age: _____

Because your child is unique but we don't know him or her well enough yet, you are invited to describe your child in detail:

Is there anything he or she is allergic to: a dish, an ingredient, a medicine, a dust, a person, a time of day, an animal...? (You can specify what to do if you know it)

Is there someone (even a real person) or something he or she is particularly fond of?

Please attach a photo of your child to this document or as an attachment.

DATE:



FICHE SANITAIRE DE LIAISON

DOCUMENT CONFIDENTIEL

Joindre obligatoirement la copie du carnet de vaccination

NOM DU MINEUR :

PRENOM :

DATE DE NAISSANCE :/...../.....

SEXE : M F

Cette fiche permet de recueillir des informations utiles concernant votre enfant (l'arrêté du 20 février 2003 relatif au suivi sanitaire des mineurs en séjour de vacances ou en accueil de loisirs).

1-VACCINATION (se référer au carnet de santé ou aux certificats de vaccinations)

VACCINATIONS OBLIGATOIRES	Oui	Non	DATES DES DERNIERS RAPPELS	VACCINS RECOMMANDÉS	DATES
Diphtérie				Coqueluche	
Tétanos				Haemophilus	
Poliomyélite				Rubéole-Oreillons-Rougeole	
				Hépatite B	
				Pneumocoque	
				BCG	
				Autres (préciser)	

SI LE MINEUR N'A PAS LES VACCINS OBLIGATOIRES JOINDRE UN CERTIFICAT MÉDICAL DE CONTRE-INDICATION.

2-RENSEIGNEMENTS CONCERNANT LE MINEUR

Poids :kg ; Taille :cm (informations nécessaires en cas d'urgence)

Suit-il un traitement médical pendant le séjour ? Oui Non

Si oui, joindre une ordonnance récente et les médicaments correspondants (boîtes de médicaments dans leur emballage d'origine marquées au nom de l'enfant avec la notice).

Aucun médicament ne pourra être administré sans ordonnance.

ALLERGIES : ALIMENTAIRES oui non
 MEDICAMENTEUSES oui non
 AUTRES (animaux, plantes, pollen) : oui non
 Précisez

Si oui, joindre un **certificat médical** précisant la cause de l'allergie, les signes évocateurs et la conduite à tenir.

Le mineur présente-t-il un problème de santé, si oui préciser oui non

3-RECOMMANDATIONS UTILES DES PARENTS

Port des lunettes, de lentilles, d'appareil dentaire ou auditif, comportement de l'enfant, difficultés de sommeil, énurésie nocturne, etc...

4-RESPONSABLES DU MINEUR

Responsable N°1 : NOM : PRÉNOM :

ADRESSE :

TEL DOMICILE TEL TRAVAIL

TEL PORTABLE :

Responsable N°2 : NOM : PRÉNOM :

ADRESSE :

TEL DOMICILE TEL TRAVAIL

TEL PORTABLE :

NOM ET TEL MEDECIN TRAITANT :

Je soussigné(e)....., responsable légal du mineur, déclare exacts les renseignements portés sur cette fiche et m'engage à les réactualiser si nécessaire. J'autorise le responsable de l'accueil de loisirs à prendre, le cas échéant, toutes mesures rendues nécessaires selon l'état de santé de ce mineur.

Date :

Signature :