

Information sheet 2023/2024

DATES OF STAY

FROM TO

FORMULA CHOSEN (PLEASE TICK THE RIGHT BOX)

Only kind's club			
½ day without lunch		½ day with lunch	
11.30am – 2pm with lunch		Full day with lunch	
Package kind's club + ski			
Boule de neige morning		Boule de neige afternoon	
Croc Ski morning		Croc ski afternoon	
Pitchoune « boule de neige » 6 days morning		Pitchoune « Crocski » 6 days morning	
Pitchoune morning 6 days		Bouliski ski morning + afternoon	

YOUR CHILD

LAST NAME : FIRST NAME

DATE OF BIRTH :

DATE OF VACCINATIONS + COPY OF THE CHILD HEALTH RECORD BOOKLET:

Vaccins obligatoires : DTP (Diphtérie Tétanos Poliomyelite)

DOES YOUR CHILD HAVE HEALTH ISSUES ? (allergies, handicap, disability...)

If that is the case, which ones

FAMILY

FULL NAMES OF THE PARENTS: Father Mother

E-MAIL OF THE PARENTS :

.....@.....

PHONE NUMBER : Father/...../...../...../..... Mother/...../...../...../.....

PLACE OF RESIDENCE DURING THE HOLIDAYS

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PERSONS AUTHORISED TO PICK UP THE CHILD

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- I, the undersigned, Mr, Mrs,
- Attest to have signed and taken note of the rules and regulations of the Children's Club
- Authorize the management staff to take all necessary measures in the case of an accident or important issue (care by a doctor or an ambulance)
- Authorize the club to take photos of my child for an internal exhibition or to use them to contribute to the content of the Web page of the club.

Date and signature :