



Registration Form English Club School Year 2018-2019

CHILD'S
PHOTO

I. Student information

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M / F

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FAMILY NAME *FIRST NAME* *GENDER* *DATE OF BIRTH*

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NATIONALITY *SPOKEN LANGUAGES* *DATE EXPECTED ENTRY*

II. Parental Information

FATHER'S NAME *FIRST NAME* *NATIONALITY* *SPOKEN LANGUAGES*

POSTAL ADDRESS *CITY*

EMAIL ADDRESS (CAPITAL LETTER) *PROFESSION*

HOME PHONE NUMBER *PERSONAL MOBILE PHONE*

MOTHER'S NAME *FIRST NAME* *NATIONALITY* *SPOKEN LANGUAGES*

POSTAL ADDRESS *CITY*

EMAIL ADDRESS (CAPITAL LETTER) *PROFESSION*

HOME PHONE NUMBER *PERSONAL MOBILE PHONE*

III. Registration Fees

In order to offer solutions according to your needs, you can choose from several options described below:

English Club Fees		
	Semester	Yearly
Full Day (8:45-4:30) + Lunch Box	<input type="checkbox"/> 1 410 €	<input type="checkbox"/> 2 625 €
Full Day (8:45-4:30) + School Lunch	<input type="checkbox"/> 1 510 €	<input type="checkbox"/> 2 825 €
Part Time ONLY (8:45-11:45 or 1:30-4:30)	<input type="checkbox"/> 675 €	<input type="checkbox"/> 1 150 €
Part time (8:45-1:30 or 11:45-4:30) + Lunch Box	<input type="checkbox"/> 935 €	<input type="checkbox"/> 1 680 €
Part Time (8:45-1:30 or 11:45-4:30) + School Lunch	<input type="checkbox"/> 1 035 €	<input type="checkbox"/> 1 880 €
Enrollment and re-enrollment fees/child*	<input type="checkbox"/> 75 €	<input type="checkbox"/> 50 €
TOTAL	€	€
Yearly Fees for Monday – Tuesday – Thursday		
	TUESDAY	
Fees	800 €	
Enrollment and re-enrollment fees/child*	50 €	
TOTAL	850 €	

*Non refundable

- **Full day:** Opening : 8:45 a.m. – Closing: 4:30 p.m.
- **Parttime:**
 - Morning** from 8:45 a.m. until 11:45 a.m.
 - Morning Lunch** from 8:45 a.m. until 1:30 p.m.
 - Afternoon Lunch** from 11:45 a.m. until 4:30 p.m.
 - Afternoon** from 1:30 p.m. until 4:30 p.m.

IV. Child Care after 4:30 p.m.

The center offers childcare until 18:30 at the cost of **€ 13/hour** or **€ 7/0:30** per child.

V. Method of payment

Any change of address, telephone or situation must be immediately communicated to the center.

Method of payment: Check (payable to “PRUNELLE”) Cash

I/we, Mr/ Mrs....., Mother, Father, Legal Guardian of the child, hereby register for and received a copy of the registration form and the internal regulations of the center.

Signature Date.....



Emergency Authorization

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In the case of accidents, the parents are contacted for care of the child.

In an emergency, the school will take the initiative to call for the emergency services and to transport your child to a public hospital.

In case of emergencies within the organisation and in places of excursions (outdoor activities, park, museums or sports facilities), we authorise the institution to make necessary arrangements that ensures the care and safety of our child.

I certify that my child is covered by liability insurance and to individual.

I authorize you to take all necessary measures in case of accident or problems regarding the health and safety of my child, and to make the necessary interventions in emergencies.

Social Security number on which the child is registered: _____

Remarks (drug or food allergies)

I/we, Mr/ Mrs:, Mother, Father, Legal Guardian of child.

Date :.....

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

General Conditions of Service

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1. The place can only be guaranteed according to availability and upon receipt of the complete file. The center reserves the right to cancel if the number of children registered is insufficient (a minimum of 7 children enrolled in total).
2. Any program started is entirely due; No refunds can be made except in exceptional and major cases with proof. Registration fees will not be refunded.
3. The Center reserves the right to exclude any child whose behavior is considered unacceptable by the responsible staff without any reimbursement being made.
4. The center declines all responsibility in the event of loss, damage or theft.
5. In the event of cancellation of the activity, no refund will be made according to the conditions set out in the child custody agreement.

Signing this document implies acceptance of the general conditions of service.

I/we, Mr/ Mrs:, Mother, Father, Legal
Guardian of child.

Date :.....

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

Form to be completed by your Doctor :

Family name of child:First name of child:

❖ **CERTIFICATION OF IMMUNIZATION**

Vaccination History	Dates	-
Tuberculosis		<input type="checkbox"/>
Measles Mumps Rubella (MMR)		<input type="checkbox"/>
Diphtheria		<input type="checkbox"/>
Tetanus		<input type="checkbox"/>
Polio		<input type="checkbox"/>
Whooping cough		<input type="checkbox"/>
Anti-haemophilia B		<input type="checkbox"/>
Meningitis		<input type="checkbox"/>
Hepatitis		<input type="checkbox"/>

Do you have any other medical information to share ?

Yes No

If Yes, please state:.....

I, Mr/ Mrs.....hereby confirm the exactitude of all the above information given.

Date:

Signature of the practitioner



Operating authorization of image right

Between:

The operator of the image rights

Prunelle & Loisirs
103 bis rue du Point du Jour
92100 Boulogne-Billancourt

And

The holder of the image right of publicity

Surname.....First Name.....

Address:.....

Or his legal representative:

It was agreed that:

The holder of the image rights acknowledges that shooting (videos and photos) carried out by the operator of the image rights and in which it appears, will be registered for access on consultation from the center's web site.(www.prunelleschool.com).

The holder of the image rights acknowledges that the use of its image rights will not be subject to any financial consideration and acknowledges having knowledge that this contract is not limited in time.

The operator of the right of publicity is committed to not using these shooting (videos and photos) in another context than that of this contract, without having previously warned the owner of image rights and having been specifically authorized by it to do.

The holder of the image rights give authorization for the use of images as stated in this contract.

Date.....

For the operator of the image rights

For the holder of the image rights



Child Exit Permission

(If different from the father or mother)*



I/ We, Mr/ Mrs.

Address:

City:.....

Home Phone: Mobile:

Work Phone: Work mobile:.....

Email address:@.....

Give permission to Mr/Mrs

Relationship.....

Address: City.....

Home Phone:..... Mobile:

Work Phone: Work mobile:.....

Email address:.....@.....

To pick my child

On: Monday / Tuesday / Thursday / Friday (circle selected days)

At : hours

Date :.....

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



* The person picking up the child must present an Identification document on the first time.

Documents to provide for admission

- The completed registration form dated and signed.
- 2 passport photos of the child,
- Vaccination book updated and medical questionnaire to be completed
- A copy of Parents' identification (ID)
- The Child Exit Permission
- Signed and dated Authorization for Emergencies.
- Operating license right to in-house image, signed and dated
- Valid Attestation of school insurance / liability.
- Payment of the activity (check payable to "Prunelle")