prunelle

# Registration Form
# English Club
# School Year 2026-2027

LEVEL: MOR__/AFT__
+ LUNCH/BOX

CHILD'S PHOTO

## I. Student information

M / F

FAMILY NAME | FIRST NAME | GENDER | DATE OF BIRTH __/__/__

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



**PRUNELLE | LEVALLOIS - PERRET | PUTEAUX | Phone: 06 48 79 75 68**

## III. Registration Fees

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

| English Club Fees for WEDNESDAY | | |
|---|---|---|
| | **Semester*** | **Yearly*** |
| **Full Day** *(8:45-4:30)* + ***Lunch Box*** | ☐ 1 810 € | ☐ 3 200 € |
| **Full Day** *(8:45-4:30)* + ***School Lunch*** | ☐ 1 965 € | ☐ 3 475 € |
| **Part Time ONLY** *(8:45-11:45 or 1:30-4:30)* | ☐ 965 € | ☐ 1 500 € |
| **Part time** *(8:45-1:30 or 11:45-4:30)* + ***Lunch Box*** | ☐ 1 275 € | ☐ 2 115 € |
| **Part Time** *(8:45-1:30 or 11:45-4:30)* + ***School Lunch*** | ☐ 1 430 € | ☐ 2 400 € |
| **TOTAL** | € | € |

- **Center of:** ☐ **LEVALLOIS-PERRET** ☐ **PUTEAUX**
- **Full day:**
  - ❑ Opening : 8:45 a.m. – Closing: 4:30 p.m. including (School Lunch / Lunch Box)
- **Partime:**
  - ❑ **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 **€ 15 per hour** or **€ 9 per ½ hour** per child.

❑ **Yes***, every Wednesdays
❑ **Yes***, occasionally
❑ **No**

*** If yes, a deposit check of 400.00 euros/child, not cashed, is essential for registration at the daycare.**

## 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 ☐ Bank Transfer

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

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)**

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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

1. The place can only be guaranteed according to availability and upon receipt of the complete file.

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 maid according to the conditions set out in the child custody agreement. A financial compensation of 150 euros will be retained.

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“)

# Medical Questionnaire

**Form to be completed by your Doctor :**

Family name of child: ……First name of child: ……

## ❖ *CERTIFICATION OF IMMUNIZATION*

| Vaccination History | Dates | - |
|---|---|---|
| Tuberculosis | | ☐ |
| Measles Mumps Rubella (MMR) | | ☐ |
| Diphteria | | ☐ |
| Tetanus | | ☐ |
| Polio | | ☐ |
| Whooping cough | | ☐ |
| Anti-haemophilia B | | ☐ |
| Meningitis | | ☐ |
| Hepatitis | | ☐ |

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 (parent) .....First Name (parent).....

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)*

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CHILD'S PHOTO

LEVEL: MOR___/AFT___
+ LUNCH/BOX
OPTION: AFTERCARE

- Mother's/Father's Phone Number: .....
- Mother's/Father's Phone Number: .....
- Legal guardian's Phone Number: .....

I, .....

☐ Mother ☐ Father ☐ Legal Guardian

1st Child:.....

2nd Child:.....

3rd Child:.....

☐ **Allow ***: (Appointed person(s) to take my child(ren) from the center.)

1 ..... Mobile: …….....

2 ..... Mobile: …….....

3 ..... Mobile: …….....

4 ..... Mobile: …….....

☐ **Allow my child to return by its own means,** and assumes full responsibility for any incident and/or accident that may occur as soon as they leave the center**.**

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 each Parents' identification (ID)
- ❑ The Child Exit Permission
- ❑ Signed and dated Authorization for Emergencies.
- ❑ Operating license right to in-house image, signed and dated
- ❑ Valid Certificate of school insurance / liability.
- ❑ Payment of the activity (check payable to "PRUNELLE")
- ❑ Signed code of Conduct of the center

**For the safety and well-being of children, no registration will be accepted without a complete registration file.**