

HEALTH INFORMATION AND HEALTH MONITORING

YOUR CHILDREN				
<u>Last name</u> :	First name :			
Age at time of stay:	<u>Date of birth</u> :			
Language spoken at home :				
<u>Vaccinations</u> : Up to date				
<u>Useful medical information</u> : (health concerns, allergies, glasses, hearing aids,)				

LEGAL REPRESENTATIVE

<u>Full name</u> :			
Phone :	<u>Email</u> :		
Permanent address	<u>3</u> :		
Dates of stay in Les	s Orres :		
Persons authorised	d to pick up the child : (must be over 18)	
Surname, first nam	ne and phone :		
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<u>l give perm</u>	ission :		
•	ne necessary steps in the ing a medical issue that		ent and/or to have my child care time.
The staff to apply i	makeup to my child		
○ The staff to take pl	hotos of my child for in	ternal display only	
My child to take pa	art in outdoor activities	and use the inter-vil	llage shuttle
I commit to	<u>!</u> :		
Respect the intern	al regulations, which i	have read, accepted	and signed
Date and signature	:		

OUR PACKAGES

HALF-DAY PACKAGE: MONDAY, WEDNESDAY, FRIDAY without meals and afternoon snack offered				
Morning reception between 9:00 am and 12:30pm	16 euros			
Afternoon reception between 1:30pm to 5:00pm	16 euros			
FULL-DAY PACKAGE: TUESDAY et THURSDAY with cold meal provided by parents and afternoon snack offered				
Reception between 9:00 am to 4:30pm	26 euros			

Please equip your children according to the weather and the activity, and bring a backpack with a water bootle, sunglasses and a hat.

Closed shoes every day + warm clothing and gloves for the ice rink

Picnic on Tuesday and Thursday





CLUB « JUNI'ORRES »

Building « La Farandole », at 1800 04 92 52 73 38 clubenfants@lesorres.com

For the children aged 6 to 12

RESERVATION FORM Summer 2024

We welcome you

From 8 July to Augsut 30 2024

Monday to Friday

Between 9:00am and 5:00pm