



Surname : .....

|   | Child's first name | Date of birth |
|---|--------------------|---------------|
| 1 |                    |               |
| 2 |                    |               |
| 3 |                    |               |
| 4 |                    |               |

|                  | Parents 1 | Parents 2 |
|------------------|-----------|-----------|
| Surname and name |           |           |
| Address          |           |           |
| Phone *          |           |           |
| Email*           |           |           |

\*Obligatory



**Permissions :**

|                                                    | Allows | Does not allow |
|----------------------------------------------------|--------|----------------|
| Photograph my child(ren) as part of its activities |        |                |
| Distribute the photos in the press                 |        |                |
| To travel by a means of public transport           |        |                |

I, the undersigned, Madam, Sir, declare that I have read this Regulation, undertake for myself and for the minor or persons I represent to respect it, to comply with it and to accept all the measures it recommends.

Done at

The

Signature of officials

## HEALTH CARD

Does your child wear glasses, hearing aids or health aids?

Yes

No

Does he have a disability?

Yes

No

Is he asthmatic?

Yes

No

Does he have any allergies?

Yes

No

Does he have any specific needs?

Yes

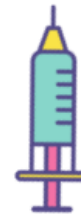
No

If you answer yes to one of his questions, or if you request one, a meeting with the director of the leisure reception is recommended to best prepare the reception of your child.

### Vaccinations :

#### Mandatory vaccinations :

- Diphtheria : Yes  No
- Tetanus : Yes  No
- Poliomyelitis : Yes  No



#### Recommended vaccines (and mandatory for children born after January 1, 2018):

- Whooping cough : Oui  Non
- Hepatitis B : Oui  Non
- Measles: Oui  Non
- Mumps : Oui  Non
- Rubella : Oui  Non
- Pneumococci : Oui  Non
- Meningococcus : Oui  Non

Accueil de loisirs  
« Le Coin des Copains »  
Le Bourg  
12370 BELMONT SUR RANCE  
07-88-58-65-85  
lecoindescopains.belmont@gmail.com



ASSOCIATION DE  
BELMONT-SUR-RANCE

|                                                                                  | Tarif  |
|----------------------------------------------------------------------------------|--------|
| Journée<br><i>Day</i>                                                            | 12,5 € |
| Journée avec repas<br><i>Day with meals</i>                                      | 17 €   |
| Demi-journée<br><i>Half day</i>                                                  | 8 €    |
| Demi-journée avec repas<br><i>Half day with meals</i>                            | 12,5 € |
| Piscine<br><i>Swimming pool</i>                                                  | 1 €    |
| Activité avec intervenant ou<br>sortie<br><i>Activity with speaker or output</i> | 5 €    |

Le prix d'un **repas** est de 4,5€.  
*The price of a meal is 4,5 €*