



PRE-REGISTRATION FORM

This form is required for registration.

Please fill it out and send it back to the following address: [monenfant@mybabycreche.com](mailto:monenfant@mybabycreche.com)

We shall contact you as soon as possible.

Your registration will be confirmed when you sign a contract with our day care center for your child. The contract is a separate document.

**If you are pregnant:**

SURNAME of the child: .....

DATE PLANNED for childbirth: .....

DATE PLANNED for joining the establishment: .....

At birth, and if you would like to confirm your request for registration, please inform us of the first name of your child and his/her date of birth.

**If you are already a parent:**

SURNAME of the child: .....

FIRST NAME(S): .....

GENDER:  Prince  Princess

DATE of BIRTH: .....

DISTINGUISHING FEATURE: (example: glasses)

.....

DATE PLANNED for joining the establishment: .....



## INDEX CARD - FAMILY INFORMATION

**Family situation:** (tick the corresponding situation)

- Married       Common law       Civil partnership       Single Woman(Man)  
 Divorced (\*)       Separated (\*)       Widow

(\*) if you are divorced or separated, who is given custody of the child?

- Mother       Father       Alternated

Surname / First name of the beneficiary: .....

Beneficiary's CAF number (FRENCH SOCIAL SECURITY OFFICE): .....

	Mother	Father	Legal Person in charge
Surname			
First name(s)			
Address Number Street name Zip code City			
☎ Home ☎ Cell phone ☎ Office			
Email			
Profession			
Employer			
Workplace			

### Other dependent children:

Surname	First name	Date of birth



**Person authorized to take the child home if the parents are unable to do so:**

Surname			
First name(s)			
Address Number Street name Zip code City			
☎ Home ☎ Cell phone ☎ Office			
Workplace			

**Doctor :**

Surname			
Address Number Street name Zip code City			
☎ Office			

## **DOCUMENTS TO BE ATTACHED TO YOUR REGISTRATION REQUEST**

To facilitate registration, please complete this form carefully with the information relative to your professional and family situation:

Do not forget to warn us of any changes in the course of the year (work certificate, bank details or mail, telephone numbers, the custody of the child in case of separation, even momentary).

We will request a deposit of 250€ (two hundred and fifty euros) when you sign the contract. This sum will not be returned if you disclaim your contract whatever your motivation. The prior notice is of 2 months.

- Photocopy of the family record book and the birth certificate of the child
- In the event of separated parents: any supporting document relating to the exclusive custody (custody) and a different proof of address
- Photocopy of proof of address dating from less than three months (rent receipt, EDF(electricity) or telephone bills)
- Health Index card (authorization of care and hospitalization in case of emergency) and photocopy of the vaccination certificates
- Medical certificate of health authorizing the child to join the establishment
- For CAF beneficiaries (Family Allowance Fund - Social Security Office), the photocopy of the CAF card beneficiary or the CAF notification. A statement of your situation will be made on the CAF web site
- For CAF non-beneficiaries supply the last tax return and the last tax notice
- Certificate of Social Security or allocation of Health coverage (Couverture Médicale Universelle (CMU))
- Certificate of Complementary Health Insurance (Mutuelle)
- Work certificate
- Civil liability insurance certificate (mandatory) and individual personal accident (recommended)



## CALENDAR FROM SEPTEMBER, 20\_\_ TILL AUGUST, 20\_\_

**Surname & First name of the child :** .....

Nursing days (Tick the required days)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Nursing schedules (Indicate the hours depending on the package proposed )

	ARRIVAL	DEPARTURE
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

### INFORMATION:

The day-nursery center will be closed 5 weeks a year (one week at Easter, 3 weeks in August and one week between Christmas and New Year) as well as public holidays.

PLACE: ... .. ,

DATE: ... ..

SIGNATURE preceded by the handwritten words « Lu et approuvé » ("read and approved")

MOTHER

FATHER

LEGAL PERSON IN CHARGE