

## REGISTRATION FORM

Selected Package	
Package 1	<input type="checkbox"/>
Package 2	<input type="checkbox"/>

Name	First names	Date of birth	Age (8 years minimum)

### RESPONSIBLE FOR THE CHILD

Parent 1: Father, mother, foster family (specify) .....	Parent 2: Father, mother, foster family (specify) .....
<b>Name :</b> .....	<b>Name :</b> .....
<b>First names:</b> .....	<b>First names:</b> .....
<b>Address :</b> .....	<b>Address :</b> .....
.....	.....
<b>Home telephone:</b> .....	<b>Home telephone:</b> .....
<b>Portable :</b> .....	<b>Portable :</b> .....
<b>Other Tel:</b> .....	<b>Other Tel:</b> .....
<b>E-mail :</b> .....	<b>E-mail :</b> .....

### Persons authorized to pick up the child (other than the responsible person(s))

Full names	Relationship with the child	Portable
1.		
2.		
3.		