

## REGISTRATION FORM

Translated from French original version

CHILD			
Last Name		First Name	
Gender		Nationality	
Date of birth		Language	
Siblings attending the structure (first names and ages)		1.	
		2.	
		3.	
Country of residence			
Continuation of school		<input checked="" type="radio"/> Swiss	<input type="radio"/> France <input type="radio"/> Other
HOUSEHOLD / PEOPLE LIVIG WITH THE CHILD			
	ADULT 1		ADULT 2
Last Name			
First Name			
Nationality			
Email			
Main Email (invoices/contacts)			
Address			
Postal Code – City			
Private phone			
Mobile phone			
Professional phone number			
Professional situation			
Employer – CERN ?	<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> YES
Department or Employer			
Members of the CERN Staff Association?	<input checked="" type="checkbox"/> NO - material fees at your charge		
CHILDCARE ARRANGEMENTS			
Period	<input type="radio"/> School year		<input type="radio"/> Partial school year
For partial school year	Start date :		End date :
<input checked="" type="radio"/> CRECHE -	Period from	to	
FULL WEEK OR PART TIME	<input type="radio"/> Full week – 5 days		<input type="radio"/> Partial (2 / 3 days)
PART TIME: 3 DAYS	<input type="checkbox"/> Monday, Tuesday, Wednesday		<input type="checkbox"/> Wednesday, Thursday, Friday
PART TIME: 2 DAYS	<input type="checkbox"/> Monday, Tuesday		<input type="checkbox"/> Thursday, Friday
<input type="radio"/> SCHOOL – 5 days	Period from	to	
CANTEEN			
	<input type="radio"/> Année scolaire		<input type="radio"/> Trimestre
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input checked="" type="radio"/> DISCOVERY WEDNESDAY			
<input type="radio"/> Day	<input type="radio"/> Morning + canteen		<input type="radio"/> canteen + Afternoon
<input type="radio"/> Regular Attendance	<input type="radio"/> Occasional attendance		
OPTIONAL APPLICATION FOR A REDUCTION IN SCHOOL FEES			<input checked="" type="checkbox"/> NO - max rate
If YES please fill in the online form : <a href="#">Reduction from</a>			

<b>INSURANCES</b>	
<b>Health insurance</b>	
Company name:	
Policy no:	
<b>Liability insurance</b>	
Company name:	
Policy no:	
<b>CONSENT</b>	
<b>DATA PROTECTION</b>	
<input type="checkbox"/> I certify to have taken knowledge and to have been duly informed of the treatment of the personal data and personal data known as "sensitive" that can carry out the Jardin des Particules.	
<input type="checkbox"/> I freely and explicitly consent to the use of my data in the framework of the execution of the contract binding me to Jardin des Particules.	
<input type="checkbox"/> I authorize Jardin des Particules to contact me by email to let me know about any information concerning Jardin des Particules.	
<b>IMAGE RIGHTS</b>	
Legal representatives	<b>AUTHORIZE</b>
Our child may be photographed and/or filmed for exclusive use within the facility in which he/she is hosted.	
Legal representatives	<b>AUTHORIZE</b>
The use of the fixed and/or animated images of our child on the Internet site of the Garden of the Particles. Taking into account the intrinsic specificities of Internet, any page being able to be consulted, downloaded and/or modified by any Net surfer, we recognize expressly that the Garden of the Particles will not be responsible for any use of the images which could be carried out by thirds.	
Legal representatives	<b>AUTHORIZE</b>
That the still and/or animated images of our child be used free of charge for the current school year for the realization of photo and/or video supports (e.g.: booklet, calendar, etc...). The possible uses as provided for herein may not infringe on the privacy of our child, nor that of our family, and are not likely to cause any harm. The images will not be accompanied by any information that could make our child and our family identifiable, whose name will not be mentioned.	
<b>You have the possibility of going back on this act by requesting the cessation of use and distribution by registered letter with acknowledgement of receipt at the latest 7 (seven) days before the expiration of the current period.</b>	
<b>EXIT AUTHORIZATION</b>	
Legal representatives	<b>AUTHORIZE</b>
Our child to participate in weekly walks and outings as well as school trips for special events for which we will be events for which we will be informed by the educational team.	
<b>SIGNATURES</b>	
<b>Place and date</b>	
<b>Signature Adult 1</b>	<b>Signature Adult 2</b>