## FICHE DE RENSEIGNEMENTS

**2023 - 2024**

 **Inscription à l’accueil périscolaire**  **Inscription à l’accueil périscolaire**

(Mercredi de 07h30 à 17h30) (Lundi, mardi, jeudi, vendredi)

 Jours d’école

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***ENFANT :*** |  |  |  |  |  |  |  |
| NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | Prénom(s) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | Sexe : M  F  |
| Né(e) le : \_ \_/ \_ \_/ \_ \_ \_ \_ | A : \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ | | Classe \_ \_ \_ \_ \_ \_ | | Ecole \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |
| Adresse de résidence de l’enfant : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| CP/ Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| ***RESPONSABLES LEGAUX :*** | | | | | | | |
| Qualité :  Mère  Tutrice  Facturation | | | | Qualité :  Père  Tuteur  Facturation | | | |
| NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Date-lieu naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | Date-lieu naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| CP : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | CP : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | Ville : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| Tél domicile : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | |  | Tél domicile : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | | |
| Tél portable : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | |  | Tél portable : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | | |
| Tél travail : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | |  | Tél travail : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | | | |
| Régime d’allocation  régime général CAF  MSA | | | | | | | |
| **Tierce personne à prévenir en cas d’urgence :**  NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | Qualité :  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | |
| Adresse: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | Tél : \_ \_ /\_ \_ /\_ \_ /\_ \_ /\_ \_ | | |

Nom et adresse de l’assurance individuelle et civile souscrite pour l’enfant **(fournir une attestation)** :

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

# POUR LA TARIFICATION :

Soit :  Je fournis mon numéro d’allocataire CAF et j’autorise la mairie à consulter les données sur le site de la CAF : N°\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Soit :  Je ne fournis pas mon numéro d’allocataire CAF, le tarif supérieur (quotient familial supérieur à 1200) sera donc appliqué lors de la facturation.

Soit :  Je fournis une attestation MSA avec mon quotient familial.

 **Tournez SVP**

# RETOUR AU DOMICILE

 **Personnes pouvant venir chercher l’enfant en dehors des parents :** (une pièce d’identité pourra être demandée)

|  |  |
| --- | --- |
| NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Qualité : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Qualité : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
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| Téléphone : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ | Téléphone : \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_/ \_ \_ \_ |

##  Autorisation pour retour seul au domicile (enfant de plus de 10 ans) :

Je soussigné(e) M., Mme **autorise** mon enfant à rentrer seul.

# DROIT A L’IMAGE

Je soussigné(e) M., Mme \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ autorise  n’autorise pas

L’accueil périscolaire à utiliser les photographies et images vidéo me représentant ou représentant mon enfant dans ses supports de communications (internes, site internet ou presse locale).

# AUTORISATION D’UTILISATION DE VOTRE ADRESSE E-MAIL

|  |
| --- |
| E-mail Mère: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| E-mail Père: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

Par la communication de cet e-mail, j’accepte que l’accueil périscolaire-Mairie de Méréville m’adresse les informations concernant l’accueil périscolaire, à l’adresse mentionnée ci-dessus.

Votre adresse e-mail sera utilisée dans des listes de diffusion masquées, cette information nominative est exclusivement à l’usage de la collectivité et ne sera pas communiquée à des tiers. Vous disposez, à tout moment, conformément à la loi n°78-17 du 6 janvier 1978, d’un doit d’accès, de rectification, ou de suppression de l’information relative à votre adresse e-mail.

## Je certifie les renseignements exacts et je joins les pièces demandées.

* **Je certifie avoir lu le règlement ; j’accepte les modalités de fonctionnement et le règlement de l’accueil périscolaire tels qu’ils sont présentés sur le règlement intérieur fourni.**

A\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ \_/ \_ \_ \_/ \_ \_ \_ \_ \_

Signature(s) des responsables légaux :

|  |  |
| --- | --- |
| Madame | Monsieur |

## à rendre avant le 15/08/2023 dans la boîte aux lettres de la mairie