

SPECIFIC ACTIVITIES EUROPEAN SCHOOL 2020-2021



Ufcv Ile de France 1, Villa des Pyrénées 75 020 PARIS



The registration procedure

What is the registration?

To register to one of Ufcv's specific activities and become a participant (the "Participant"), you are asked to gather all the required information and authorizations and send them to the Ufcv's registration desk.

Registration is valid up to a fixed term (usually a school period), and is necessary for the proper welcoming and care of each Participant by the Ufcv.

It confirms that the Participant's legal representatives agree to send the Participant to the specific activities.

The registration documents provide the Ufcv with all the useful information for the Participant's care, in particular:

- **General information** about the family and the Participant (address, family situation, etc.).
- **Parental consent** for certain aspects related to the reception (exit authorisation, right to their image, etc.).

How do I register?

- Registration for specific activities is subject to prior registration on the extra-curricular reception time at VAL Courbevoie (and therefore subject to invoicing for this service).
- Fill in the registration form and the authorization form and send them with the payment due to «UFCV – Inscription Ecole Européenne - 1 Villa des Pyrénées 75020 Paris» before August 12, 2020

Participation in specific activities

→ Health

If a Participant shows signs of illness or in case of a minor incident or accident, the Ufcv will inform the parents. They may be asked to pick up the Participant if need be. In case of an accident or serious condition, for the sake of urgency, the hosting structure's director may require the assistance of emergency services and will inform the parents thereafter.

Breakdown of reception

The child may no longer be welcomed on all activities, in the following cases:

- incomplete file
- non-payment on time
- repeated misconduct or incorrect behavior vis-à-vis other participants or the equipment/ premises.
- unsuitable hosting structure given the Participant's needs
- repeated family lateness at the end of the activities

Any incident of the aforementioned cases will be communicated to the parents' association.

→ Theft, damage

It is not recommended to bring valuables (jewellery, telephone, game console, etc.). Ufcv declines any responsibility in case of loss, theft or damage of such property.

In the case of voluntary damage by a Participant (premises, equipment...), the Participant's family will be requested to reimburse the restoration work.



Registration form

THE PARTCIPANT		OFCV 3 SPECIFIC ACTIVITIES
Surname*:	First Name*:	☐ ECOLE EUROPEENNE
☐ Male* ☐ Female* Date of	of birth*:	
LEGAL REPRESENTATIVE #1*	□ Father □ Mother □ Other:	
Surname*:	First Name* : E	mail* :
Address*:		
Zip code*: City	/:	
Cell phone*	Phone 1*	Phone 2*
LEGAL REPRESENTATIVE #2*	□ Father □ Mother □ Other:	
Surname*:	First Name* : E	mail* :

 Zip code*:
 City:

 Cell phone*
 Phone 1*

 Phone 2*
 Phone 2*

LIECVI'S SPECIFIC ACTIVITIES

ACTIVITIES	TIME / DURATION	PUBLIC	PRICES including €50 registration fee included	Enrollment
DANCE BODY EXPRESSION	16:30/60 min	M1 / P1	€200	□ Yes □ No
ZUMBA	17:30/ 60 min	P2 / P5	€200	□ Yes □ No
DIGITAL WORKSHOP BILBOKI	16:30/60 min	P3 / P5	€350	□ Yes
	17:30/ 60 min	P3 / P5	€350	□ No
LEGO EDUCATION	16:30/45 min	M1 / M2	€318	□ Yes □ No
	17:15 / 75 min	P1 / P2	€500	□ Yes □ No
CAPOEIRA	16:30/ 50 min	M1 / P1	€340	□ Yes □ No
	17:30/ 60 min	P2 / P5	€350	□ Yes □ No
LEGO EDUCATION	16:30/ 90 min	P3 /P4 / P5	€585	□ Yes □ No

REPRESENTATIONS AND SIGNATURES

- I authorize my child to participate to the specific activities organized by the UFCV.
- I authorize the management of the hosting structure to take any measures (medical treatment, hospitalization, surgery) required by the condition of my child.
- A settlement cheque is attached to the registration form for the activities I apply for
- I commit to disclose any changes regarding the information provided in this form.

Place:

Date:

Name of signatory:

Signature:



	Authori	sation sheet		
	Name of Recre	eation Home:		
	School year:			
the CHILD				
Surname:	Fir	st Name:	Date of Birth:	
THE LEGAL REPRE	SENTATIVE			
Surname:		Relat	ionship with the child: Father	Mother : Other
RIGHT TO THE IM	AGE			
brochures, video		newspapers, family blog, cer	ommunication medium (Ufcvoter activities, photography, no	
Place:	Date:	Signature:		
AUTHORIZATIO	ON TO EXIT			
They will provide	e a proof of identit ate of signature un	cy, otherwise the child will r	pick up my child at the depar not be able to leave the recep s school year, unless I indicate	otion. The authorization i
NAME	FIRST NAME	TELEPHONE NUMBER	RELATIONSHIP WITH THE	END OF VALIDITY DATE

NAME	FIRST NAME	TELEPHONE NUMBER	RELATIONSHIP WITH THE CHILD	END OF VALIDITY DATE

Place:
Date:
Signature: