



European School of Strasbourg

After-school care

**WARNING**  
COMPULSORY SENDING OF THE REGISTRATION FILE BY E-MAIL  
[perisco.ees@ufcv.fr](mailto:perisco.ees@ufcv.fr)  
APE MEMBERSHIP 30€ TO BE PAID BEFORE REGISTRATION  
Directly on the website: [www.ape-eu.eu](http://www.ape-eu.eu)

**S'INSCRIRE**

Valid from  
01/09/2022 to 31/08/2023

[portail-animation.ufcv.fr](http://portail-animation.ufcv.fr)



**Ufcv Grand Est**  
1 rue JOB  
67100 STRASBOURG

[Perisco.ees@ufcv.fr](mailto:Perisco.ees@ufcv.fr)

**Ufcv at EES**  
2 rue Peter Schwarber  
67000 STRASBOURG



### 1 Why do I have to register?

In order for the Ufcv to be responsible for your child at the school during after school hours, it is necessary to receive all the information and authorisations needed.

The registration is valid for the entire school year unless you specify otherwise, in which case, a renewed registration has to take place every trimester. The registration acts as proof of an agreement between the Ufcv and the child's legal guardians to entrust the Ufcv with the responsibility of caring your child, be it in after school or extracurricular activities. This is legally regulated by the code of social action and families.

All Ufcv after school care centres are declared to the public authorities and comply with the regulatory obligations in force. The registration of children in these centres allows Ufcv to have information useful for its care, in particular:

- General information about the family and the child (address, family income, family situation, etc.)
- Medical information relating to the child (vaccinations, GP, allergies, etc.).
- Parental agreements for certain aspects related to the operation of the centre (permission to leave the centre, image rights, etc.).
- **Note:** Registration is a different formality from booking.

### 2 How to register?

The registration is done with the Ufcv services:

#### 1 By downloading your file

From the Ufcv website: [www.portail-animation.ufcv.fr](http://www.portail-animation.ufcv.fr)

#### 2 By sending it back to us by E-mail

[perisco.ees@ufcv.fr](mailto:perisco.ees@ufcv.fr)



Registration is possible for the whole year.

The deadline for receipt of the file is **27 June 2022**.

Registration does remain open for those who wish to arrive later.

Membership of the APE of EES is **compulsory** on their website [www.ape-ees.eu](http://www.ape-ees.eu)

**Without membership of the APE and without the completed registration form, your child will not be accepted.**

As soon as we have registered your complete file (registration forms and compulsory documents), you will receive a confirmation email indicating the creation of your secure personal space (accessible via [www.portail-animation.ufcv.fr](http://www.portail-animation.ufcv.fr) by clicking on "my account").

By logging in, you will be able to check (and/or modify if necessary) the information concerning your situation and access other personal services. In case of difficulty, please contact us by E-mail: [perisco.ees@ufcv.fr](mailto:perisco.ees@ufcv.fr)

### What documents do I need to submit to the Ufcv?

The registration file is composed of:

① Registration forms	② Compulsory documents for the validation of the file
<ul style="list-style-type: none"><li>✓ The registration form</li><li>✓ The health form</li><li>✓ Parental authorisation form</li></ul>	<ul style="list-style-type: none"><li>✓ <b>General case:</b> 2022 tax notice on 2021 income</li><li>✓ <b>For European civil servants, diplomatic corps and international organisations:</b> annual: income on December 2021 payslip or other document mentioning the annual income</li><li>✓ <b>For families newly arrived in France:</b> 3 last pay slips</li><li>✓ RIB (if you opt for direct debit)</li></ul> <p><i>Please favour dematerialised payments</i></p> <p><i>In case of difficulty, please contact the management of the extracurricular centre:</i> <a href="mailto:direction.peri.ees@ufcv.fr">direction.peri.ees@ufcv.fr</a></p>



1 YOUR CHILD

Surname: ..... First name: .....

Boy  Girl Date of birth: .....

Class: ..... Language 1: ..... Language 2: .....

Languages spoken for communication: .....

3 OPTIONS D'INSCRIPTION  YEARLY  OCCASIONAL

5 LEGALLY RESPONSIBLE N°1:  Father  Mother or Other: .....

Sur name: .....First name: ..... Email (in capital letters).....

Address: ..... Postal code: ..... City: .....

Mobile. .... Landline..... Business telephone .....

6 LEGAL RESPONDENT N°2:  Father  Mother or Other: .....

Last name: ..... First name: ..... Email (in capital letters).....

Address: ..... Postal code: ..... City: .....

Mobile. .... Landline..... Business telephone .....

Invoices should be sent by e-mail to: Responsible N°1  Responsible N°2

**In the absence of the requested documents (see box below right), the higher rate will be applied.**

NUMBER OF CHILDREN TO BE CARRIED FOR: ..... Do the child's parents live together? Please circle: Yes / No - Separated / Divorced

7 CAF INFORMATION

Caisse d'Allocations Familiales (CAF), MSA, other schemes (please specify): .....CAF or Policy number: .....

8 PAYMENT METHODS:

Bank transfer  Direct debit (attach RIB)  Credit card in your personal space of the family portal.

9 DECLARATIONS AND SIGNATURES

- I have read the internal rules of the reception and accept them in full
- I authorise the management of the reception centre to take any necessary measures (medical treatment, hospitalisation, surgery) made necessary by my child's condition
- **I undertake to pay all the costs related to the care of my child (see internal regulations)**
- I authorise the authorised person to consult my family quotient on the CAF website
- I undertake to report any change of situation concerning the information given in this file
- I join the APE-EES and undertake to pay the annual membership fee of 30€
- I authorise the APE-EES to take note of my details and authorise it to contact me if necessary

Signed in (city)

On the (date)

Signature

Mandatory documents to be attached to the file:  
 For all: 2022 tax notice on your 2021 income.  
**For European civil servants, diplomatic corps and international organisations:** annual income on December 2021 pay slip or other document mentioning the annual income  
 For families newly arrived in France: 3 last pay slips



# Health form 2022/2023 – The European School of Strasbourg

This form allows you to collect useful information during the child's reception. It prevents you from losing the child's health record. It should be updated according to your child's health status.

## 1 YOUR CHILD

Surname: ..... First name: ..... Date of birth: .....  Boy  Girl

## 2 LEGALLY RESPONSIBLE

Father  Mother or Other: ..... Surname: ..... First name: .....

Address: ..... Postal code: ..... City: .....

Legally responsible N°1: ..... Mobile: ..... Landline: ..... Business telephone .....

Legally responsible N°2: ..... Mobile: ..... Landline: ..... Business telephone .....

Name and Policy number: .....

## 3 VACCINATIONS (refer to the child's health booklet or vaccination certificates)

OBLIGATORY VACCINES	YES	NO	DATE OF LAST INJECTION
Diphtheria			
Tetanus			
Poliomyelitis			
Or DT polio			
Or Tetracoq			
Others			

RECOMMENDED VACCINES	DATE OF LAST INJECTION
Hepatitis B	
Rubella – mumps – measles	
Whooping cough	
Other (specify)	

If your child has not been vaccinated against the obligatory illnesses, please attach a medical justification as to why.

**Please note:** no need for justification regarding the tetanus vaccination.

## 4 MEDICAL INFORMATION ABOUT THE CHILD

Does your child have special needs which requires us to be extra aware? (Regular medical treatment, disability, other...)

YES  NO

If yes, please contact us directly so we can set up a protocol specifically for your child to be welcomed under the best circumstances possible.

Does your child have any allergies towards?

Asthma YES  NO

Medicines YES  NO

Certain foods YES  NO

Anything else YES  NO

**Specify the cause of the allergy and what to do about it (if self-medication report it)**

.....  
.....  
.....

**Indicate below:** health difficulties (illness, accident, seizures, hospitalization, operation, rehabilitation) specifying dates and precautions to be taken: .....

## 5 USEFUL RECOMMENDATIONS FROM LEGAL GUARDIANS

Does your child wear contact lenses, glasses, hearing aids, dentures, etc.?

Specify:.....

If your child is under treatment requiring medication, please enclose a valid prescription and the corresponding medication (in original packaging marked with the child's name and containing instructions). No medication can be taken without a prescription.

Signed in (city)

On the (date)

School year:

Name of signatory:

Signature:



1 THE CHILD

Surname: ..... First name: ..... Date of Birth: ...../...../.....

Boy  Girl

2 THE LEGAL GUARDIAN

Surname: ..... First name: ..... Relationship to the child: Father/Mother

Other, please specify: .....

3 IMAGE RIGHTS

I authorize Ufcv to take pictures of my child. The possible use of his/her image could be on the websites of:

- The City of Strasbourg:  YES  NO
- The APE-EES (Parents Association) :  YES  NO
- Documents and internal posting at the extracurricular center:  YES  NO

The use is for an indefinite period and only for non-commercial purposes in France on the above mentioned websites.

4 CAF

I authorize the Ufcv to ask the Caisse d'Allocations Familiales du Bas-Rhin, via the CDAP family file system.

This consultation of the CAF file will only be done by a person authorized by the CAF and held to professional secrecy.

In case of refusal I have noted that if I do not provide the requested documents, the highest rate will be applied.

5 TRANSPORT

I am aware that depending on the distance, duration and type of the activity (outing), different means of transport may be used (minibus, public transport, tourist bus ...) I therefore authorize the Ufcv to transport my child for the activities organized by the leisure center

6 AUTHORIZATION TO LEAVE THE SCHOOL

As the legal guardian:

I authorize my child, aged at least 6 years, to leave the Ufcv reception facilities alone from (indicate time)

OR

I authorize the following persons to collect my child at the time of departure. The latter must have proof of identity, without which the child cannot leave the center. The authorization is valid from the date of signature until 31 August of the current school year, unless I indicate an earlier end date in the fourth column of the table.

SURNAME	FIRST NAME	RELATION TO THE CHILD	END DATE

Signed in (city):

Date:

Signature: