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**Centre de Loisirs Mercredi Après-Midi**

**Fiche de Inscription Trimestrielle**

**Période : Avril / Juin**

**Ecole Publique Elémentaire Gaston Serpette,**

**46 rue du Douet Garnier, 44000 Nantes.**

**NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Date de Naissance : \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ Age : \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ E-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

PAGES VACCINS A FOURNIR à la première inscription !

La LICENCE PREMIUM est obligatoire lors de la première inscription, elle coûte 25 € et est valable 1 an. Elle couvre votre enfant pour toutes les pratiques sportives et de loisirs.

**Oui je prends la licence prémium Non j’ai déjà pris la licence (via MSL / Centre de Loisirs)**

 **Formule « Trimestre » :** 

Forfait Trimestre = 160 €

**Formule « Journalière » :** 

Forfait Unité = 18 €

**Repas Midi sur place (2€) :** 

**Dates :**

23/04/2025 30/04/2025 07/05/2025 14/05/2025 21/05/2025

28/05/2025 04/06/2025 11/06/2025 18/06/2025 26/06/2025

Nombre de Mercredi : \_ \_ \_ \_ \_ x 18 € = \_ \_ \_ \_ \_ \_

Nombre de Repas : \_ \_ \_ \_ \_ x 2€ = \_ \_ \_ \_ \_ \_

Réduction Famille : 5% (2enfants) 10% (3enfants) 15% (>3enfants)

Sous Total = \_ \_ \_ \_ \_ \_ \_ \_ €

Licence Premium 25 € (si non déjà prise au Multisport / Centre de Loisirs ou dans une autre Section)

**Total :**

,

**€**

Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ \_ \_ \_ \_ \_ \_ **Signature :**

**INFORMATIONS SANITAIRES** :

**L’enfant suit-il un traitement** : NON : OUI :

Lequel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Merci de fournir une ordonnance et le protocole à suivre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**L’enfant a-t-il des allergies** : NON : OUI :

Lesquels : demeurant \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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**L’enfant a-t-il un régime alimentaire spécifique**: (ex : végétarien / sans porc …) NON OUI

Si oui lequel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**L’enfant a-t-il eu les maladies suivantes** :

Rubéole : oui / non Varicelle : oui / non Angine : oui / non

Scarlatine : oui / non Rougeole : oui / non Otite : oui / non

Oreillons : oui / non Coqueluche : oui / non Rhumatisme articulaire : oui / non

**L’enfant a-t-il eu des difficultés de santé** : oui – non *(accident, hospitalisation, opération, rééducation, problèmes cardiaques…*

Si oui, lequel(s) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Précaution à prendre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**L’enfant porte-t-il** :

Lunettes : oui / non Lentilles : oui / non Prothèses auditives : oui / non Prothèses dentaires : oui / non Autre :

**Droit à l’image** :

J’autorise ou Je n’autorise pas  l’ASPTT de Nantes à prendre des photos et des vidéos pouvant être utilisés pour la communication et la promotion de l’ASPTT Nantes

**AUTORISATION PARENTALE**

Je soussigné(e) Mme/Mr \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, demeurant \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ représentant légal de l’enfant \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , autorise les éducateurs de l’ASPTT Nantes à transporter mon enfant dans les véhicules de l’association ou voitures particulières pour tous déplacements dans le cadre des stages sportifs. Ainsi que d’autoriser le corps professionnel médical à procéder à toute intervention d’urgence. Nom et téléphone de la personne à contacter en cas d’urgence :

**Fait à : \_ \_ \_ \_ \_ \_ \_ \_ \_, le : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Signature :**