

NAME :	FIRST NAME
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AGE :	Parents : NAME	FIRST NAME
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	TELEPHONE :
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WHO brings the child?	
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Who will collect the child?	
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Allergies or other medical problems	
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"I agree that the O' France organising team may photograph my child and publish the photos on their website and/or use them for promotional purposes. YES NO

"I accept that the O' France childminding service organisers cannot be held responsible in the event of an accident involving my child.

read and approved : Signature :

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	MONDAY	TUESDAY	WEDNESDAY	FRIDAY	SATURDAY
Arrival time					
Expected departure time					
Actual departure time					

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