

« Les Loupiots »
Serveray Space
209 Route du Mont Favy
74300 Les Carroz d'Arâches
Phone : 04.50.90.24.58
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Registration form SUMMER 2025

Chosen formula: (tick the corresponding box and indicate the desired days if necessary)

Please inquire about the program as some days only operate as a full day.

- | | |
|--|----------|
| <input type="checkbox"/> Day with meal and snack | Date(s): |
| <input type="checkbox"/> Half-day morning without meals | Date(s): |
| <input type="checkbox"/> Half-day afternoon without meals | Date(s): |
| <input type="checkbox"/> 5-day pass Consecutive | Date(s): |
|
 | |
| <input type="checkbox"/> 5-day pass Consecutive + nature course 6-7 years old from 07 July to 11 July | |
| <input type="checkbox"/> 3 days + mini camps 8-11 years old from 16 July to 18 July | |

An email will be sent to you to tell you if the registration is validated or not.

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THE CHILD:

NAME:..... Forename:.....

Gender: F / M Age:..... Date and place of birth:

School: Class:.....

THE PERSON IN CHARGE:

☐ Father

☐ Mother

☐ Guardian

Surname / First name:.....

Home address:.....

Landline:..... portable:.....

Email:.....

Who is allowed to pick up my child:

I allow my child to go out alone: Yes No

MEDICAL INFORMATION

Childhood diseases already contracted:.....

Drug Allergies and Treatments: Which ?.....

Specific food allergies: which ones ?.....

Attach the vaccination pages of the health record or bring your child's health record for the 1st day.

Signature :