



# Registration form

## Student under 18 years of age participating in a language and cultural stay

### The participant

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

Date of Birth: ..... Girl  Boy  Nationality: .....

Mobile phone: .....

*Please attach a copy of identification (ID card or passport) and a photo.*

### Parents or legal guardian

Name of legal representative: ..... Email: .....

Address: .....

Postal Code: ..... City: ..... Country: .....

Mother's phone number: Home: ..... Mobile: .....

Father's phone number: Home: ..... Mobile: .....

Or Tel. from legal guardian: .....

Person to be notified in priority:

.....

**Dates of the stay:** .....

### Please specify the approximate level of your child's knowledge of the French language:

Beginner  Discovery  Intermediate  Advanced  Autonomous

We will ask him/her to take an online test before the beginning of the course, in order to integrate him/her into a group of his/her level, in accordance with the Common European Framework of Reference for Languages.

### Place of accommodation:

Lycée Mariette, 69 rue Beaurepaire, BP 759, 62321 Boulogne-sur-Mer, France

# Parental Consent

**I, the undersigned, legal representative of .....**

**allows my son / daughter ..... to take part in the language course et culturel de français** (courses, activities, accommodation, meals) which will take place in Boulogne-sur-Mer Langues et Cultures from ..... to..... 2021.

- I declare having acquainted myself with how Boulogne-sur-Mer Langues et Cultures (BMLC) works and is operated, as described in the documentation and on the website.
- I declare having read and agree that my underage son / daughter, is under the supervision of an activity leader. He will monitor the activities offered by Boulogne-sur-Mer Langues et Cultures.
- I agree that my son/daughter takes part in the activities proposed under the authority of an activity leader outside class (some activities possible with adults, others specific to young people under 18: to be defined on the spot).
- I authorize the staff of Boulogne-sur-Mer Langues et Cultures to take every safety measure in the event of an accident occurring to my child. **I authorize BMLC staff to have my child hospitalized or treated in case of emergency.**
- I declare that **my son/ my daughter has insurance that covers illness, accidents, civil liability (attach copy of the certificate).**  
*Note: BMLC is insured, for the activities it organizes, with MAIF insurance, contract 1002840J.*
- I hereby decline all responsibility from BMLC concerning all activities that my child may do on his/her own initiative (activities not organized by Boulogne-sur-Mer Langues et Cultures).
- I accept and confirm that Boulogne-sur-Mer Langues et Cultures will not be held responsible in case of loss or theft of money, valuables such as jewelry... (possibility to put money and/or papers in the office safe of BMLC if my child wishes).
- **I have read and informed my son and daughter that independent outings are not allowed for minors (my child undertakes to respect this rule rigorously).**
- **I have read and informed my son / daughter that his / her position as a minor (under 18 years old) requires him / her to respect specific operating rules for minors, to accept the supervision of one or several activity leaders, to respect the instructions he/she will be given to him / her by the leaders and the management.**

**Boulogne-sur-Mer Langues et Cultures reserves the right to use images recorded during stays within the strict framework of promoting its activities (brochures, website, social networks).** If you do not agree with the publication of images on which your child is on, please let us know by any written means before the start of the stay.

Place: .....

Date: .....

**Name and signature of the father**  
*(on each page)*

**Name and signature of the mother**  
*(on each page)*

## **PERSONAL DATA**

The information you provide is necessary for the management of registrations and is strictly limited to the use of the staff of Boulogne-sur-Mer Langues et Cultures for the organisation of language and cultural stays.

In application of the law n°2018-493 of 20 June 2018, you have the right to access, rectify, delete and oppose information concerning you. You can exercise these rights by writing to us at the following address:  
Boulogne-sur-Mer Langues et Cultures, 21 rue Saint Louis BP774, 62327 Boulogne-sur-Mer Cedex

# Health form

**Child's name:** .....

**Date of Birth:** .....

This form is designed to collect medical information that may be useful during your child's stay. It allows you to keep your child's health record with you.

**VACCINATIONS** (to be completed using the child's health record or vaccination certificates)

**Please also join a copy of your child's notebook of vaccination.**

Compulsory vaccines	Yes	No	Date of the last boosters	Vaccines recommended	Date
Diphtheria				Hepatitis B	
Tetanus				Measles-mumps-rubella	
Polio				Whooping cough (Pertussis)	
<b>Or</b> DT Polio				BCG (Tuberculosis)	
<b>Or</b> Tetracoq				Other (please specify)	

**If your child did not have the compulsory vaccines, please attach a medical certificate indicating contraindication.**

## **MEDICAL INFORMATION ABOUT THE CHILD**

Will your child have to follow a medical care during the stay?    yes     no

**If so, please join a recent prescription and provide the corresponding drugs (boxes of drugs in their packing of origin marked in the name of the child with the instructions).** No medicine will be given without prescription.

**Did your child already have the following diseases?**

RUBELLA <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	VARICELLA <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	ANGINA <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	RHEUMATIC FEVER <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	SCARLATINA <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
PERTUSSIS <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	OTITES <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	MEASLES <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	MUMPS <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	X

**Medical contraindications or important details to bring concerning your child's health (allergies, diet, special medical treatment...).**

.....

.....

**Specify the cause of the allergy and the recommendations to be followed (in case of self-medication, please specify)**

.....

.....

**If your child has had any health problems (illness, accident, convulsions, hospitalization, operation, rehabilitation), indicate them below, specifying the dates**

.....

.....

**Have you attached to this form (if necessary) a detailed medical file? yes / no**

**Does your child wear contact lenses, glasses, hearing aids, dental prosthesis, or other? Please precise.....**

.....

**Other information you wish to provide about your child:**

.....

.....

**EMERGENCY CONTACT PERSON DURING YOUR CHILD'S STAY**

**Surname:** ..... **First Name:** .....

**Landline (and Mobile) phone: Home** ..... **Work:** .....

**Email:** .....

**Name and telephone number of the General Practitioner (attending Physician):**

.....

**I, undersigned, ....., legal representative of the child  
..... declare the information contained in this form to be  
accurate and authorize the person responsible for the stay to take, if necessary, all the measures  
(medical care, hospitalization, surgical operations) required by the state of the child.**

**DATE:**

**SIGNATURE:**

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**Dates of stay - Arrival on**     /     / **2021**     **Departure on**     /     / **2021**

**Contact details of the organizer of the stay:**

**Boulogne-sur-Mer Langues et Cultures**

Centre Universitaire Saint Louis  
21 Rue Saint Louis – BP774  
62327 Boulogne-sur-Mer Cedex – France

**Tel. : +33 366256418**  
**[www.bmlc.univ-littoral.fr](http://www.bmlc.univ-littoral.fr)**

Accommodation at the Mariette high school in Boulogne-sur-Mer  
69 Rue Beaurepaire  
62200 Boulogne-sur-Mer – France

**Director: Pascale VERNIEUWE**

**Head of Education: Annie TREGOUET**