

EARLY YEARS FACILITIES (CRECHES, NURSERIES) AND CHILDMINDERS

WAITING LIST REGISTRATION FORM

Ville de Lancy
République et canton de Genève



Ville de Lancy
Bureau d'accueil
Petite enfance
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FIRST, PLEASE READ THE DOCUMENT ENTITLED "IMPORTANT INFORMATION", RELATING TO REGISTRATION ON THE WAITING LIST FOR CRECHES, NURSERIES AND CHILDMINDERS

- Please complete one form for each child.
- If you are pregnant, attach the certificate of pregnancy.
- In order to keep your registration on the waiting list, it must be confirmed **every 3 months** (by email or post), failing which the registration will be cancelled automatically.
- In the event that a place exactly matching the request is refused, the registration will be cancelled.
- Once a place in an early years facility is allocated, your application will be removed from the waiting list. In order to request a transfer for the following year, this form will need to be completed again.

CHILD

Girl Boy

Surname: _____

First name(s): _____

Date of birth/pregnancy due date: _____
Please underline whichever applies ↑

Address: _____

Postcode: _____ Town: _____

Child already attending a crèche, nursery or childminder (request to change institution):

Yes, state the name of the institution: _____ No

SIBLING ATTENDING A CRÈCHE, NURSERY OR CHILDMINDER

Surname, first name(s): _____

Date of birth: _____

Name of institution: _____

SIBLING ALREADY ON THE WAITING LIST

Surname, first name(s): _____

Date of birth: _____

PARENTS

PARENT 1

Legal guardian Lives with the child

Surname: _____

First name(s): _____

Civil status: _____

Address: _____

Postcode: _____ Town: _____

Tel. (landline): _____ Tel. (mobile): _____

Email address: _____

Professional situation:

Employed, state full-time/part-time (% rate): _____ Unemployed Student
 Self-employed Not working Other (Hospice Général/AI disability benefits)

For employees, state company name and address:

PARENT 2

Legal guardian Lives with the child

Surname: _____

First name(s): _____

Civil status: _____

Address: _____

Postcode: _____ Town: _____

Tel. (landline): _____ Tel. (mobile): _____

Email address: _____

Professional situation:

Employed, state full-time/part-time (% rate): _____ Unemployed Student
 Self-employed Not working Other (Hospice Général/AI disability benefits)

For employees, state company name and address:

TYPE OF FACILITY AND HOURS OF ATTENDANCE REQUIRED
SEVERAL OPTIONS ARE AVAILABLE

A. CRÈCHES AND "ESPACES DE VIE ENFANTINE" (EVE) DAYCARE FACILITIES

From the end of maternity leave up to school age:

Chante-Joie Plateau (crèche) Point-Rouge Clair-Matin Couleurs du Monde

Please tick the boxes in the table below

	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning + lunch (7.00-12.30):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 %
Nap time (14.00) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon (13.30-18.30):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 %

75 %

100 %

B. NURSERIES (HALF DAYS ONLY)

From the age of 1 up to school age depending on the facility:

Petit Prince Caroll L'Étoile Plateau (nursery) Jardin des Tout Petits

Please tick the boxes in the table below

	Monday	Tuesday	Wednesday*	Thursday	Friday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

* Wednesday morning: only possible at the L'Étoile nursery

C. CHILDMINDERS

Yes** No

** If you tick 'Yes', your application will be forwarded to the coordinating agency who will contact you directly.

Please state drop-off and pick-up times

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off time:	_____	_____	_____	_____	_____
Pick-up time:	_____	_____	_____	_____	_____

Depending on the coordinating agency, the hours will be adapted to a monthly subscription.

Do you agree to a pet(s) being present in the childminder's home? Yes No

GENERAL QUESTIONS

Would you consider offers which do not match your request? Yes No

Requested start date: _____

Comments: _____

Observations relating to the health and development of your child:

By signing this form, I confirm that I have read Ville de Lancy's rules and regulations relating to early years facilities and childminders and the document entitled "Important information" relating to registration on the waiting list, available at www.lancy.ch

THE REGISTRATION MUST BE CONFIRMED EVERY 3 MONTHS, FAILING WHICH IT WILL AUTOMATICALLY BE CANCELLED.

Documents to be attached:

Pregnancy certificate

Evidence of unemployment (rate and time-frame)

Evidence of study (duration and rate)

Other: _____

Date: _____ Signature: _____