

Centre d'Etudes & Travaux Montessori  
Le Mollard-Gaillard 01190 Chavannes-sur-Reyssouze FRANCE  
montessori12.18@gmail.com 03.85.35.17.38

**REGISTRATION – INTRODUCTORY WEEK  
ADMINISTRATIVE INFORMATION  
WEEK from .../... to .../... 20... / 20.....**

**The Adolescent**

NAME :.....  
First name : .....  
Date and place of birth :.....  
Allergies :.....  
Other personal or medical informations :  
.....  
.....

**Family**

NAME, first name of parents :.....  
Address : .....  
.....  
Phone number : .....  
email : .....  
.....  
Profession : .....

**EDUCATIONAL PROGRAM & REGULATIONS**

The week of initiation to Montessori Pedagogy offers the adolescent the opportunity to practice the different components of the prepared environment and the activity carried out by the adolescent community at the Montessori Center for Study and Work: care of domestic life, production, maintenance of the working environment, crafts, research, studies. The approach to culture is holistic, with the different aspects of the work interconnected and aimed at development the personality and appropriation of culture.

The registration fee is €200 for the week. They are worth a deposit and are paid upon registration. These fees include breakfasts, lunches, snacks and dinners, which are prepared on site by teenagers accompanied by an adult.

I, the undersigned ....., parent of ....., declare to register my child for the week indicated in the header and make a commitment, as well as my child, to respect the working conditions specific to the Montessori pedagogy of adolescents practiced during this week.

Done in ....., on the .../ ... / 20.....

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### **Authorizations**

#### **Care**

We, .....  
parents of .....  
allow the Centre d'Etudes & Travaux Montessori to take any measure required for our child 's health  
if needed, in agreement with a doctor or with the hospital.

Name, firstname :.....

date : .....

Signature

#### **Outings**

We, .....  
allow our child ..... ;  
to take part to outings organized by the Centre d'Etudes et Travaux Montessori in the context of its  
activities.

Name, firstname :.....

date : .....

Signature

#### **Pictures**

We, .....  
parents of .....  
allow the Centre d'Etudes & Travaux Montessori to take pictures of our child for the website of the  
school and for the social media in the context of the activity of the school.

Name, firstname :.....

date : .....

Signature

## Adolescent charter

This document presents the operating contract for the activity which binds the adolescent and the MONTESSORI CENTER FOR STUDY & WORK.

- I undertake to respect others (adolescents and adults) physically and morally through my actions: to be kind, to listen, to protect, to participate positively in the harmony of social relations in the group, to follow the rules of hygiene.
- I commit to participating in the daily responsibilities of group life: signing up for a responsibility each day and fulfilling it as described in the “responsibilities” panel.
- I engage in work that I have chosen and I listen to the observations of others on this choice of activity and on the way in which it can be carried out, particularly if it is a work that we do as a group.
  - I accept activity advice from educators and I mobilize to engage in it.
  - I drop off any electronic communication or gaming device when I arrive and I only collect it when I leave.
  - I undertake to take care of the place and the equipment as part of my responsibilities as in my general activity at the college.
  - I undertake to take part in collective activities when they take place (seminars, lunches, meetings, speakers).
  - I adopt a cautious and responsible attitude when handling dangerous items and during outings.
  - I agree not to smoke, vape or consume substances that are illegal or prohibited for minors.
  - I undertake to adopt correct clothing.
  - I agree to use the equipment with care.

“Read and approved”, date, signature:

The adolescent

Parents