



Enrolment Form – ISN Workshop

Information	Child	
Surname:		
Name:		
Date of birth:		
Gender:	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	
Nationality:		
Language(s):	Mother tongue(s) : _____	Other languages spoken : _____
Address: (Unless specified in writing in the note opposite, all correspondence must be sent to this address)	Street name and no _____ Postcode and city: _____ Note: _____	
Home telephone no.:	N°: _____	
Allergies/Chronic diseases attested by a doctor:		
Do you authorise the school to give homeopathic remedies to your child.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Arnica <input type="checkbox"/> Notes: _____	
Telephone numbers to contact in case of emergency:	Name and tel. no. 1: _____ Name and tel. no. 2: _____ Name and tel. no. 3: _____	
Name and address of previous nursery/nurseries:		



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Information	Mother (or legal guardian)	Father (or legal guardian)
Surname:		
Name:		
Signature:		
Nationality:		
Language to be used for mailing:	<input type="checkbox"/> French <input type="checkbox"/> English	
Occupation:		
Employer:		
Address – if different from child's:		
Fixed-line telephone number:		
Mobile telephone number:		
Business telephone number:		
We heard of the school through::	<input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Open Day	<input type="checkbox"/> Friends / Colleagues <input type="checkbox"/> Other: _____
E-mail address: To be used for general mailings		
We wish to receive the invoices:	<input type="checkbox"/> Per term (four instalments) <input type="checkbox"/> Yearly (one instalment) <input type="checkbox"/> Monthly (twelve instalments)	
We authorise the person indicated here to collect our child:		
We have read and understood the rules of the School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Preferred date for beginning attendance at the ISN Workshop:

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Morning: from 8:00 until 12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fees: to be paid at the beginning of each month (12 instalments)

CHF 185 per month for one session a week

CHF 350 per month for two sessions a week

CHF 510 per month for three sessions a week

CHF 670 per month for four sessions a week

CHF 840 per month for five sessions a week

10% discount on the fees for the second child

Authorisation to use your child's photographs: Applicable to all the children of the school
<input type="checkbox"/> We authorise the school to take photographs of our child for use within a strictly academic or pedagogical framework.
<input type="checkbox"/> We authorise the press, radio and/or television to use images or recordings of our child taken within the framework of documentary reporting.
<input type="checkbox"/> We do not authorise the school to take photographs of our child.
<input type="checkbox"/> We do not authorise the various media to use images or recordings of our child.

The school rules and current fees (subject to changes) are an integral part of the enrolment procedure.

In signing this document, we confirm that we accept them.

Place and Date: _____

Signature(s) of legal guardian(s): _____