



## Enrolment Form – ISN Workshop

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



## Enrolment Form – ISN Workshop

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



## Enrolment Form – ISN Workshop

**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)**

	Monthly
1 Session <b>Atelier</b> / Week	195.00 CHF
2 Sessions <b>Atelier</b> / Week	370.00 CHF
3 Sessions <b>Atelier</b> / Week	535.00 CHF
4 Sessions <b>Atelier</b> / Week	705.00 CHF
5 Sessions <b>Atelier</b> / Week	880.00 CHF

*10% discount on the fees for the second child*

<b>Authorisation to use your child's photographs: Applicable to all the children of the school</b>
<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):** \_\_\_\_\_