



ENROLLMENT FORM

Child

First name:	Last Name:	Gender : M / F
Date of birth .../.../... Age:.....	Health insurance company :	

Week or Full day enrollment

Activities take place from 8h30 to 16h00 daily. Please simply circle the amount that corresponds to the enrollment you have selected. Please note that all materials and meals are included in the price. English is the main language spoken, except for "Le Règne Animal" (July 16 to 20), when it is French. However, our educators and animators all speak English and French.

		Full Week	Mon	Tue	Wed	Thu	Fri
Draw, Paint & Sculpt the World	July 2 to 6	590.-	125.-	125.-	125.-	125.-	125.-
Fun & Games in Geneva	July 9 to 13	590.-	125.-	125.-	125.-	125.-	125.-
Le Règne Animal	July 16 to 20	590.-	125.-	125.-	125.-	125.-	125.-
A Healthy Mind in a Healthy Body	July 23 to 27	590.-	125.-	125.-	125.-	125.-	125.-
Ecology & Imagination	July 30 to August 3	590.-	125.-	125.-	125.-	125.-	125.-
Ceramics & Papier Mâché	August 6 to 10	590.-	125.-	125.-	125.-	125.-	125.-
Cuisines from around the world	August 13 to 17	590.-	125.-	125.-	125.-	125.-	125.-

Legal Guardian

First name:	Last name:	
Adresse:		
Postal code:	Town:	Country:
Home phone:	Emergency phone:	
Mother's mobile:	Profession	Prof. phone:
Father's mobile:	Profession	Prof. phone:
Email		
Home / Civil responsibility insurance company:		

Medical information

Asthma: Yes / No	Mumps: Yes / No	Whooping cough: Yes / No	Varicella: Yes / No
Scarlatine: Yes / No	Rubella: Yes / No	Measles: Yes / No	
Other disease(s):			

Allergies: Yes / No, comment:

Special dietary information: Yes / No, comment:

Specific medical treatment and/or medication: Yes / No (if medication must be given, please provide the pediatrician's prescription)

Specific contraindicated physical activity (please join a medical certificate): Yes / No

Parental permission

I,, certify that, is in good physical and mental health and fully capable of participating in the activities of the creative workshops for the chosen weeks. In case of a situation of great emergency and/or Act of God, I agree that all available medical care be provided (included hospitalisation, anesthesia and surgery). I agree to pay for all consequent medical, hospital and surgical expenses.

Place/ Date Signature

General Conditions

1. Your child's enrollment is only definite once payment of the selected fee(s) are made and validated.
2. Mid-morning and afternoon snacks are provided, as well as aprons and all necessary materials..
3. For children who are not potty-trained during their nap-time parents must provide disposable nappies, wet wipes and appropriate creams in sufficient quantities.
4. Parents must provide indoor slippers and a complete change of clothes.
5. In case of a cancellation of enrollment within 20 working days of the beginning of the workshop, 50% of the workshop fees will be returned.
6. In case of a cancellation of enrollment within 10 working days of the beginning of the workshop no refund of fees will take place.

Paiement

Banque Raiffeisen du Salève
Titulaire compte : Ecole Montessori Aquilae Sàrl
IBAN/No. cpte. : CH50 8018 7000 0260 7863 4
Code BIC/Swift : RAIFCH22187

I certify that the above mentioned informations are all exact,

Place & date:,

Read and approved by the Legal Guardian: