

Wednesday English class 3-6 years

Enrolment form year 2023/24

Childs' name	
Date of birth	<input type="checkbox"/> girl <input type="checkbox"/> boy
Parent 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) :	
First and last name	
Address	
Email	
Mobile n°	Work n°
Nationality	
Profession and place of work	
Parent 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) :	
First and last name	
Address (if different)	
Email	
Mobile n°	Work n°
Nationality	
Profession and place of work	

English is taught through play and games, stories, movement, songs and music. Class is open to children of all levels of English. The morning class is from 9h00 to 12h00 and the afternoon class is from 13h30 to 16h30. Children must be toilet independent to participate.

Enrolment is from the 4th of September 2023 to the 28th of June 2024. There won't be any class during the school holidays: 23-27 October, 18 December - 5 January, 19-23 February and 29 March - 12 April.

Please tick the class option you would like :

Morning 9h00 – 12h00

Afternoon 13h30 – 16h30

Class is payable per term as follows. For children not previously registered in our school there is a CHF 100 registration fee which is valid over 3 years.

4th of September to 15th of December 2023 (14 weeks) 9h-12h / 13h30-16h30 CHF 840
Payable before the 30th of July

8th of January to 28th of March 2024 (11 weeks) 9h-12h / 13h30-16h30 CHF 660
Payable before the 15th of December

15th of April to 28th of June 2024 (11 weeks) 9h-12h / 13h30-16h30 CHF 660
Payable before the 31st of March

Payments can be made by cash at school or via bank transfer to the following account:

Banque Raiffeisen Genève Ouest Agence Grand Saconnex

N° de clearing (NCB): 80808

IBAN : CH46 8080 8005 4852 6149 1

N° de compte : 65578.91

Account name : Growing Together Education

BIC SWIFT: RAIFCH22

Important information:

Please disclose below any special needs, whether or not diagnosed, and other important information concerning your child. Special needs include attention or communication difficulties, behavioral and/or physical issues, etc. Important information includes any allergies, particular health issues, special diet etc.

Child's mother tongue: _____

What other languages are spoken at home? _____

What is your child's level of English? _____

Pick up information:

You must notify us in advance if someone other than the parents registered on the first page will be picking up your child. Their name must be listed below. They will be required to show a photo identity card before we will release your child to them.

Name: _____ Phone: _____

Relationship to your child _____

In case of emergency, if we cannot reach you, please provide an emergency contact:

Name: _____ Phone: _____

Relationship to your child: _____

Parental consent for photos

As part of our various educational activities and outings your child may be photographed. These images have an educational aim as well as to provide information on our activities.

I agree to my child's image appearing on our Flyers or Internet page yes no

Terms and conditions

Arrival in the morning is between 9h and 9h30 and in the afternoon between 13h30 and 14h.

Departure is at 12h in the morning and at 16h30 in the afternoon. You must be on time for drop off and pick up.

Children must come to class appropriately dressed for indoor and outdoor play and for art work.

Please provide your child with a water bottle labelled with his or her name.

A snack will be served in the morning and in the afternoon, please make sure you write under "important information" all allergies and special diet.

We only accept healthy children in class.

No refunds will be made for missed classes.

You can cancel your child's registration with one month's written notice for the end of the month.

Parental responsibility

I certify that I am the parent or authorised legal guardian of the child named above and in such capacity have the right to agree to the following. My child is in good health and capable of participating in the program which allows him or her to participate without my supervision or attendance. My child has a civil liability insurance which covers him or her for any and all injuries, damages or losses as a result of, or related to, his or her participation in the drop-off program.

Medical emergency

If time and circumstances permit, we will make every effort to communicate with you in the case of injury to your child. In some situations medical attention may be required before we are able to reach you. You agree to authorise us to consent to any medical care to be rendered to the child named above upon the advice of a licensed physician or emergency medical personnel. You voluntarily release, discharge, waive and relinquish any and all causes of action against Growing Together for personal injury and property damage resulting from such care.

Date: _____

Signature: _____