



Wednesday English class 3-6 years

Enrolment form year 2024/25

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

Class is open to children aged 3 to 6 years from beginners to anglophones. Activities include games, stories, movement, songs and music and art projects and outside play. The aim of our class is that your child has stimulating and fun activities in English. For beginners they will become interested and confident in an English environment, for children already fluent in English it is a time to have fun, develop friendships and support their English knowledge.

Class is on a Wednesday either just morning from 8h30 to 11h45 or afternoon 13h00 to 16h15 or all day 8h30-16h15. Children staying all day must bring lunch with them.

Enrolment is from the 2nd of September 2024 to the 27th of June 2025. There won't be any class during the following school holidays:

- 21 - 25 October 2024
- 16 December 2024 - 3 January 2025
- 24 - 28 February 2025
- 18 April - 2 May 2025

Important points :

Arrival in the morning is between 8h30 and 9h00. Pick up in the morning is at 11h40.

Arrival in the afternoon is between 13h and 13h30. Pick up in the afternoon is at 16h10.

You must be on time for both drop off and pick up.

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

Children staying all day must bring a healthy lunch with them.

There is a possibility for nap time after lunch. Please let us know if your child needs a nap.

Children must come to class appropriately dressed for art work and indoor and outdoor play with clothes adapted to the weather. On rainy days children will need water proof trousers and boots to play outside.

On sunny days they will need a sun hat and a t-shirt that covers their shoulders. We provide sun screen however if your child has sensitive skin, please provide their own.

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

We only accept healthy children in class.

No refunds will be made for missed classes.

Your child is enrolled for the whole school year. You can cancel his or her registration with two month's written notice for the end of the month. A refund will be made for any remaining classes.

Children must be toilet independent to participate.

Class is payable in two semesters as follows:

2nd of September 2024 to 29th of January 2025 (18 weeks): Payable before the 30th of June 2024

5th of February 2025 to 24th of June 2025 (18 weeks): Payable before the 31st of December 2024

Cost for each semester. Please indicate your choice:

<input type="radio"/> Morning 8h30 - 11h45	<input type="radio"/> Afternoon 13h00 - 16h15	<input type="radio"/> Day 8h30 - 16h15
CHF 1170	CHF 1170	CHF 2092

For children not previously registered in our school there is a CHF 100 registration fee which is valid over 3 years. If your child is joining after September, fees are calculated on a pro-rata basis.

Payments can be made in 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 here 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.

If there are no special issues or important information please write N/A (not applicable).

What 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 above will be picking up your child. Their name must be listed below. They will be required to show a photo identity card before we release your child to them.

Name: _____ Phone n° : _____

Relationship to your child: _____

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

Name: _____ Phone n° : _____

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 being shared with parents whose children are registered in the same class as my child as part of sharing class activities yes no

I agree to my child's image appearing on our school flyers, website or social media yes no

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: _____