

GROWING TOGETHER EDUCATION

Enrolment form Wednesday afternoon English class school year 2021 – 2022

Childs' name	<input type="checkbox"/> girl <input type="checkbox"/> boy
Date of birth	
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°
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°

English is taught through play, games, stories, movement, songs and music. Class is open to children of all levels of English.

Class is on a Wednesday 13h00 until 16h00 or 17h00 for children aged 4, 5 and 6 years old. Children who are turning 4 years old before the end of December 2021 are also welcome to join. Drop-off is between 13h00-13h30 and pick up is either at 16h00 or 17h00.

Enrolment is from the 1st of September 2021 to the 22nd of June 2022. There won't be any class during the school holidays: 25 - 29 October, 20 December - 7 January, 14 - 18 February and 11 - 22 April.

Class is payable per term as follows. For children not previously registered at Gymboree there is a CHF 100 registration fee (valid for life and all brothers and sisters).

1st of September to 15th of December 2021 (15 weeks)	Until 16h00: CHF 899
	Until 17h00: CHF 999
12th of January to 6th of April 2021 (12 weeks)	Until 16h00 CHF 719
	Until 17h00 CHF 799
27th of April to 22nd of June 2021 (9 weeks)	Until 16h00 CHF 539
	Until 17h00 CHF 599

Payments can be made to the following bank 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
Nom du compte (Beneficiare): Growing Together SA
BIC SWIFT: RAIFCH22

Child information:

Please disclose below any special needs, whether or not diagnosed, and other important information concerning your child Gymboree-Growing Together to be better equipped to attend to 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? _____

Mother's nationality _____ Father's nationality _____

Mother's job and place of work _____

Father's job and place of work _____

Pick up information:

You must notify Gymboree-Growing Together in advance if someone other than you will be picking up the child named above. Their name must be listed below in order to pick-up your child. They will be required to show a photo id 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: _____

Permission to photograph your child:

I give permission for Gymboree-Growing Together to photograph the child named above for the following purposes:

Type of Use	Grant Permission	Decline Permission
Use in class for educational and play purposes		
Use in promotional materials e.g. Facebook, Instagram and website		

I understand that it is my responsibility to update this information in the event that I no longer wish to authorise one or more of the above uses.

Release of Liability:

I certify that I am the parent or authorized 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 Waiver/Release:

If time and circumstances permit, Gymboree-Growing Together will make every effort to communicate with me in the case of injury to the child named above. I understand that in some situations medical attention may be required before Gymboree-Growing Together is able to reach me. I authorize Gymboree-Growing Together 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. I voluntarily release, discharge, waive and relinquish any and all causes of action and/or claims against Gymboree-Growing Together and the Franchisee for personal injury and property damage resulting from such care.

Dismissal from class:

Gymboree-Growing Together has a policy of integrating all children into class, however due to behavioral or other problems that precludes this child from safely participating in the drop-off program and/or with others in the program we reserve the right to cancel the enrolment.

Date: _____

Printed Name: _____

Relationship to child: _____

Signature: _____