Gymboree Wednesday Bilingual class 3-6 years
Enrolment Form year 2026/27

Child First name	Last name
Date of birth	❑ girl ❑ boy
Nationality	
Parent 1 ❑ Mother ❑Father ❑Other (please specify) :	
First name	Last name
Address	
Email	
Mobile n°	Work n°
Nationality	
Profession and place of work	
Parent 2 ❑Mother ❑Father ❑Other (please specify) :	
First name	Last name
Address (if different)	
Email	
Mobile n°	Work n°
Nationality	
Profession and place of work	

What languages are spoken to your child at home?
What is your child's level of English?
What is your child's level of French?

Class Information:

We welcome children who have turned 3 years old by the 31st of July 2026 and children in 1st and 2nd Primary. Class is bilingual with one teacher who speaks in English and one in French. Activities include play and movement on our specially designed Gymboree equipment, games, stories, songs and music, art projects and outside play time. The aim of our class is that your child has stimulating and fun activities in both English and French.

Class options are half days 8h30 - 11h45 or full day 8h30-16h00.

Enrolment is from the 31st of August 2026 to the 25th of June 2027. There is no class during the following school holidays:

- 19 - 23 October 2026
- 21 December 2026 - 8 January 2027
- 15 - 19 February 2027
- 26 March - 9 April 2027

Terms and conditions:

- ✓ Drop-off is between 8h30 and 9h00. Pick up is at 11h45 or 16h00.
- ✓ You must be on time for drop off and pick up time.
- ✓ A snack will be provided in the morning and the afternoon, please make sure you write under "important information" all allergies and special diet.
- ✓ Children staying all day must bring a cold and healthy lunch with them.
- ✓ Please note that there is no nap time during the day.
- ✓ Children must come to class appropriately dressed for art work and indoor and outdoor play and with clothes adapted to the weather of the day as we have a policy of going outside in all weather. On rainy days children will need a water proof coat and trousers and boots. 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 your own.
- ✓ Your child needs to come with a water bottle labelled with his or her name.
- ✓ Please know that we do not accept sick children in class. So as not to contaminate other children, if your child has a fever, vomits or has a diarrhoea, if they are coughing a lot or have green nasal mucus, if they present symptoms of other contagious illnesses such as hand, foot and mouth disease, chicken pox etc. they must be kept at home. Your child is also not allowed in class if they have head lice. Please inform us as soon as possible if your child is ill.
- ✓ 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
- ✓ Unfortunately, since participation is only one day a week, we cannot ensure the follow through of children with specific needs and are therefore unable to accept them.

Class is payable in two semesters as follows:

31st August 2026 to 31st January 2027: Payable before the 30th of June 2026
1st February 2027 to 25th June 2027: Payable before the 31st of December 2026

Please indicate your choice:

	❑ Morning 8h30-11h45	❑ Day 8h30-16h00
1st semester (5 months)	CHF 999	CHF 1'899
2nd semester (5 months)	CHF 999	CHF 1'899

For children not yet registered at Gymboree there is a CHF 100 registration fee which is valid for the family and over 3 years. Payments can be made in cash at school or via bank transfer to the following account:

Banque Raiffeisen
Account name: Growing Together Education **N° de clearing** (NCB): 80808
IBAN: CH46 8080 8005 4852 6149 1 **N° de compte** : 65578.91 BIC SWIFT: RAIFCH22

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:

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, sensory disorders, behavioural 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).

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 you and other parents with information on our activities.

❑ Yes ❑ No 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 and outings.

❑ Yes ❑ No I agree to my child's image appearing on our internet site and on flyers.

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.

Date: _____

Name and Signature: _____