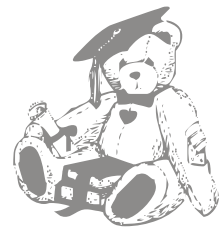


PARKSIDE SCHOOL



REGISTRATION FORM

REGISTRANT INFORMATION

CHILD

Last Name: _____

First Name: _____

Date of birth: _____

Nationality: _____

Native Language: _____

Other languages spoken: _____

Male Female

Please provide any information with regard to illnesses, allergies, medications, special needs/habits, special diet of which the school should be aware.

PARENT INFORMATION AND BILLING ADDRESS

MOTHER

Last name: _____

First name: _____

Nationality: _____

Street: _____

ZIP / Town: _____

Occupation: _____

Employer: _____

Telephone (home): _____

Telephone (work): _____

Mobile: _____

E-mail: _____

FATHER

Last name: _____

First name: _____

Nationality: _____

Street: _____

ZIP / Town: _____

Occupation: _____

Employer: _____

Telephone (home): _____

Telephone (work): _____

Mobile: _____

E-mail: _____

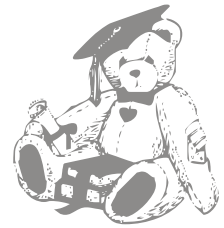
DOCTOR

Doctor's name: _____

Office telephone: _____

Address: _____

PARKSIDE SCHOOL



EMERGENCY CONTACT

When neither parent can be reached by telephone and in the event of an illness, accident or medical emergency please contact:

Name: _____

Telephone: _____

Address: _____

PLEASE CHECK IF IN AGREEMENT:

- I/We hereby confirm that we are covered by an accident, liability and health insurance. .
- In the event of an illness or medical emergency I/we hereby authorize Parkside School to take my/our child to a local pediatrition/doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.
- Photos of my child can be published on the website of Parkside Scholl (without naming the child, no portraits)

Place / Date: _____

Place / Date: _____

Mother/Guardian's Signature: _____

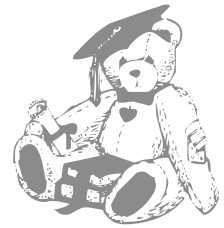
Father/Guardian's Signature: _____

Registration:

We check the availability of a space according to this registration form.

If we can take up your child we will send you a contract. Please countersign and send this contract back within 10 days.

PARKSIDE SCHOOL



PRE-SCHOOL AND KINDERGARTEN (THALWIL):

Date of entry: _____

Pre-school Group

Kindergarten-Group

Desired placement:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					

Other days possible?

DAYCARE OBERRIEDEN:

Date of entry: _____

Baby- Group

Mixed-age Group

Desired placement:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					

Other days possible?
