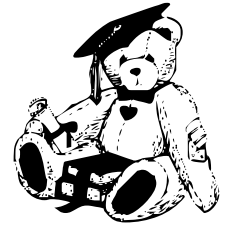


# PARKSIDE SCHOOL



## ENGLISH READING AND WRITING REGISTRATION FORM

**The lessons take place on Wednesdays: 02.30 – 04.00 pm or  
04.15 – 05.45 pm**

**(The minimum is 4 children per course)**

### APPLICANT 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:

### 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: \_\_\_\_\_

### DATE OF ENTRY

**Date of entry:** \_\_\_\_\_

### PARENT INFORMATION AND BILLING ADDRESS

#### **MOTHER**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Street: \_\_\_\_\_  
ZIP / Town: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_  
Telephone (work): \_\_\_\_\_  
Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### **FATHER**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Street: \_\_\_\_\_  
ZIP / Town: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_  
Telephone (work): \_\_\_\_\_  
Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

# PARKSIDE SCHOOL



PLEASE CHECK IF IN AGREEMENT:

- I/We hereby confirm that we are covered by an accident, liability and health insurance.
- I/We have read the „Parkside School English Reading & Writing Lessons“ and accept this as part of the contract. I/We agree to the terms and conditions stated therein
- In the event of an illness or medical emergency I/we hereby authorize Parkside School to take my/our child to a local pediatrician/doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.

Place/Date:

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**Parent's Signature:**

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