



**MONTESSORI  
SAINT-JEAN**

EDUCATION FOR OUR FUTURE GENERATIONS

## MONTESSORI ST-JEAN

### INSCRIPTION FORM

CHILD'S FIRST NAME .....

LAST NAME .....

DATE OF BIRTH ...../...../.....

NATIONALITY .....

MOTHER'S NAME .....

PROFESSION .....

FATHER'S NAME .....

PROFESSION .....

HOME ADDRESS.....

MOTHER'S MOBILE #.....

FATHER'S MOBILE # .....

INSCRIPTION:       FULL-TIME       PART-TIME

LANGUAGE(S) SPOKEN.....

NAME OF SCHOOL OR CRÈCHE THE CHILD PREVIOUSLY ATTENDED.....

ANY NOTEWORTHY COMMENTS ON YOUR CHILD.....

.....

.....

.....

HEALTH INSURANCE .....

ANY ILLNESSES/ALLERGIES .....

INCASE OF AN EMERGENCY, WHERE SHOULD YOUR CHILD BE TAKEN?

HUG PAEDIATRICS

OTHER .....

BY SIGNING THIS FORM, I AGREE TO THE TERMS AND CONDITIONS FOUND ON THE PREVIOUS SECTION.

MOTHER'S SIGNATURE .....

FATHER'S SIGNATURE .....

**Bank details**

IBAN CH29 0078 8000 0503 5300 2

BIC/SWIFT: BCGECHGGXXX

CLEARING/CB: 788

BENEFICIARY: RL Learning SA