



One World Nursery & Primary School

NURSERY & PRE-SCHOOL

Registration Form

Year: _____

For internal use only

V : _____
S.L. : _____
O.S : _____
Other : _____

PARENT INFORMATION

Surname: _____

First name: _____

Relation to child: _____

Address: _____

City: _____ Post/zip code: _____

Country: _____

Billing address (if different): _____

City: _____ Post/zip code: _____

Country: _____

Mobile: _____ Phone Number #2: _____

Telephone at Work: _____

Email: _____

STUDENT INFORMATION

Child's surname: _____

Child's first name: _____

Male Female Age (today): _____

Date of birth (day/month/year): _____

Language spoken at home: _____

Do you have any other children? Yes No

Can your child go to the toilet unassisted? Yes No

Does your child have any special dietary needs? Yes No

If so, please give details: _____

Does your child have any allergies? Yes No

If so, please give details: _____

Does your child have any health or developmental problems or concerns? Yes No

If so, please give details: _____

Has your child ever attended another nursery or playgroup? Yes No

If so, please give details: _____

COURSE INFORMATION

Preferred start date: _____

| | MONDAY | | | TUESDAY | | | WEDNESDAY* | | THURSDAY | | | FRIDAY | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | AM | PM | FD | AM | PM | FD | N/A | | AM | PM | FD | AM | PM | FD |
| NURSERY 1 Aged from 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NURSERY 2 Aged from 2 and half | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRE-SCHOOL Class Aged from 3 Min. 4 mornings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* A 5th day Young Learners (3 hour) class can be offered to Nursery 2 and Preschool students on Wednesdays, subject to availability and suitability for your child. Please see the Head of Nursery for more information

ADDITIONAL OPTIONS

I am interested in: Early Doors (From 8.00 to 8.30)
 Lunch Sessions (No meal provided)

PAYMENT DETAILS

I wish to pay: Per Term
 Per year (to be paid in full at the beginning of the year)

DATA PROTECTION

- In enrolling with Bell Switzerland SA (Bell), you are agreeing to the storage and use of any student or personal information you provide for Bell's purposes only.
- Bell will only share your personal details with third party providers who are contracted to provide a specific service on behalf of Bell and require the information to perform their function (eg student platforms, examination centres).
- Bell will pass on your details to Swiss government agencies if requested by them to do so. We will not pass any personal details on to any other third party or organisation.
- You can find details of the Bell Data Protection Policy at www.bellenglish.com/legal-notice/

Please email this form to: nursery@bell-school.ch

Bell Switzerland, Chemin des Colombettes 12, 1202, Geneva Tel: +41 22 749 16 00

OTHER INFORMATION

Please give details of any other important information

SIGNATURE

Signature: _____

Date: _____