



One World Nursery & School NURSERY & PRE-SCHOOL

Registration Form

Year: _____

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: _____

COURSE INFORMATION

Preferred start date: _____

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

* 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 & Primary for more information

ADDITIONAL OPTIONS

I am interested in:

Early doors breakfast

Extra lunch sessions

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

For internal use only

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

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:

OTHER INFORMATION

Please give details of any other important information

SIGNATURE

Signature: _____

Date: _____