| Application for Admission Pre School Please type or print clearly in block capitals | | | |
| --- | --- | --- | --- |
| Please enclose/attach the following with the application form:  Recent photo of the student  Copy of passport  Reports from previous school  Vaccination Certificate | | | |
| Student Information | | | |
| Last Name: | First Name: | | Date of Birth: |
| Sex *(please check the correct box)*:  Male  Female | | | |
| Proposed Date of Entry: | Present Grade/Class *(if applicable)*: | | |
| Mother Tongue *(first language):* | | Nationality: | |
| AHV Number *(if applicable, for Swiss Nationality):* | | | |
| Does your child have allergies:  Yes  No if yes, please specify: | | | |
| Does your child take regular medication:  Yes  No if yes, please specify: | | | |
| Family Information | | | |
| **Father** | | | |
| Last Name: | First Name: | | Nationality: |
| Home Phone Number: | Mobile Number: | | Email: |
| Address: | | | |
| **Mother** | | | |
| Last Name: | First Name: | | Nationality: |
| Home Phone Number: | Mobile Number: | | Email: |
| Address: | | | |
| Name of Accident Insurance Company: Policy Number: | | | |
| Emergency Contacts | | | |
| Last Name: | | First Name: | |
| Address: | | | |
| Home Phone Number: | Mobile Number: | | Email: |
| Relationship: | | | |
| Employer information | | | |
| **Father** | | | |
| Company Name in CH: | | | |
| Address: | | | |
| Phone Number: | | | |
| Does your employer cover school expenses *(please check the correct box)*:  Yes  No | | | |
| If yes, send invoices to: | | | |
| **Mother** | | | |
| Company Name in CH: | | | |
| Address: | | | |
| Phone Number: | | | |
| Does your employer cover school expenses *(please check the correct box)*:  Yes  No | | | |
| If yes, send invoices to: | | | |
| Please indicate which pre school sessions you wish your child to attend | | | |
| 4 full days per week: 1,600 per month (Monday – Thursday) | | | |
| 3 full days per week: 1,200 per month Please specify which days:  Monday  Tuesday  Wednesday  Thursday | | | |
| 4 mornings per week: 800 per month Please specify which mornings:  Monday  Tuesday  Wednesday  Thursday  Friday | | | |
| 3 mornings per week: 600 per month Please specify which mornings:  Monday  Tuesday  Wednesday  Thursday  Friday | | | |
| **If you wish for your child to attend afternoon sessions (200 per afternoon session) in addition to the morning options, please specify which afternoons:** | | | |
| 200 per afternoon session Please specify which afternoon(s):  Monday  Tuesday  Wednesday  Thursday | | | |
| **PAYMENT OPTIONS** | | | |
| **Please note: a 200 CHF one time, non-refundable registration fee per child will be invoiced once we receive the admission form** | | | |
| Yearly  Termly  Monthly | | | |
| Invoice  by mail  by email email address: | | | |
| Payment  bank transfer \*this information will be on your invoice | | | |
|  | | | |
| How did you hear about our school? | | | |
| via web search  recommendation  relocation agency  other: | | | |
| POLICIES | | | |
| I/ We confirm that we have read, understood and agree with the British School Bern **School Fees, Financial Policy** and **Admission** **Policy**. | | | |
| sIGNATURE | | | |
| Signature: | | | Date: |