



# Mighty Marmeli Playgroup

## APPLICATION FOR ADMISSION FOR THE MIGHTY MARMELI PLAYGROUP

Please type or print clearly in block capitals

### Important Information – Please Read Before Completing the Form

Mighty Marmeli Playgroup is a social and educational playgroup. It offers structured play and early learning experiences for children in a nurturing environment.

- The playgroup operates from 7:00 – 18:00.
- There is currently a waiting list for Fridays

#### PLEASE ENCLOSE/ATTACH THE FOLLOWING WITH THE APPLICATION FORM:

- ☐ Recent photo of the student
- ☐ Vaccination Certificate
- ☐ CHF 50 non-refundable registration fee (invoiced upon application submission)
- ☐ Reports from previous daycares or playgroups (if applicable)

#### STUDENT INFORMATION

Last Name:	First Name:	Date of Birth:
SEX (please check the correct box): <input type="checkbox"/> Male <input type="checkbox"/> Female		
Proposed Date of Entry:		
Does your child currently attend another playgroup or daycare?		
Nationality:		
Mother Tongue (first language):		
Other languages spoken at home: <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please specify:		

#### HEALTH INFORMATION

Does your child have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please specify:
Does your child take regular medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please specify:
Does your child have any health issues or special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please specify:
Doctor's Name:		
Doctor's Phone Contact Information:		

#### STUDENT HISTORY

Has your child attended a playgroup or preschool before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please provide details: name of school/playgroup, duration of attendance, and any relevant notes)
Has your child ever had any difficulties settling into a group environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
Has your child ever been referred for any educational or developmental assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details and attach reports if available
Has your child ever received extra support in learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify subjects and time frame
Are there any cultural or religious considerations that might affect your child's participation in activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
Does your child have any behavioral, emotional, or social challenges we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details

#### FAMILY INFORMATION

Father



# Mighty Marmelade Playgroup

Last Name:	First Name:	Nationality:
Home Phone Number:	Mobile Number:	Email:
Address:		
<b>Mother</b>		
Last Name:	First Name:	Nationality:
Home Phone Number:	Mobile Number:	Email:
Address:		
Name of Accident Insurance Company:		Policy Number:
<b>EMERGENCY CONTACTS</b> <b>PLEASE PROVIDE TWO CONTACTS</b>		
Last Name:	First Name:	
Address:		
Home Phone Number:	Mobile Number:	Email:
Relationship:		
Last Name:	First Name:	
Address:		
Home Phone Number:	Mobile Number:	Email:
Relationship:		
<b>PLEASE INDICATE HOW MANY SESSIONS YOU WISH YOUR CHILD TO ATTEND</b> <b>PLEASE ALSO INDICATE THE TIME PREFERRED</b> <b>THE PLAYGROUP IS OPEN FROM 7:00 – 18:00</b> <b>* AT THE MOMENT THERE IS A WAITING LIST FOR FRIDAYS</b>		
<input type="checkbox"/> 2 mornings per week: 140.00 per month (Monday – Thursday) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> 7:00 – 10:00 <input type="checkbox"/> 8:00 – 11:00 <input type="checkbox"/> 9:00 – 12:00    or please indicate your preferred time block: <input type="checkbox"/> add me to the Friday waiting list		
<input type="checkbox"/> 1 mornings per week: 70.00 per month (Monday – Thursday) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> 7:00 – 10:00 <input type="checkbox"/> 8:00 – 11:00 <input type="checkbox"/> 9:00 – 12:00    or please indicate your preferred time block:		
<input type="checkbox"/> 2 afternoons per week: 140.00 per month (Monday – Thursday) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> 12:00 – 15:00 <input type="checkbox"/> 13:00 – 16:00 <input type="checkbox"/> 15:00 – 18:00    or please indicate your preferred time block: <input type="checkbox"/> add me to the Friday waiting list		
<input type="checkbox"/> 1 afternoon per week: 70.00 per month (Monday – Thursday) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> 12:00 – 15:00 <input type="checkbox"/> 13:00 – 16:00 <input type="checkbox"/> 15:00 – 18:00    or please indicate your preferred time block:		
<b>PAYMENT INFORMATION</b>		
<b>Please note: a 50.00 CHF one time, non-refundable registration fee per child will be invoiced once we receive the admission form</b> <b>Payments are due at the end of each month</b> <b>There are no refunds for missed sessions</b> <b>Withdrawal Policy: A written notice of at least 4 weeks is required to change or cancel enrollment.</b>		
Invoice	<input type="checkbox"/> by mail <input type="checkbox"/> by email    email address:	
How did you hear about the Mighty Marmelade Playgroup?		
<input type="checkbox"/> via web search <input type="checkbox"/> recommendation <input type="checkbox"/> relocation agency <input type="checkbox"/> other:		
<b>POLICIES</b>		
<input type="checkbox"/> I/We confirm that we have read, understood, and agree with the <b>Mighty Marmelade Playgroup Fees, Financial Policy, and Admission Policy</b> provided on this form <input type="checkbox"/> I/We give permission for my child to receive emergency medical treatment if needed. <input type="checkbox"/> I/We allow the use of my child's photos/videos for internal purposes (e.g., newsletters, classroom updates). <input type="checkbox"/> I/We allow the use of my child's photos/videos for public promotions (e.g., website, social media). <input type="checkbox"/> I/We do not consent to any photos/videos being taken of my child.		



# Mighty Murmeli Playgroup

## FEE PAYMENT INFORMATION

Mighty Murmeli Playgroup  
Credit Suisse, 3001 Bern  
IBAN: CH94 0483 5029 0036 1100 0  
Clearing Number: BIC CRESCHZZ30R



## SIGNATURE

Parent or Guardian Name:

Signature:

Date: