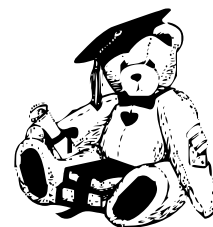


# PARKSIDE SCHOOL



## REGISTRATION FORM

### REGISTRANT INFORMATION

#### **CHILD**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Native Language: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Male  Female

Please provide any information with regard to illnesses, allergies, medications, special needs/habits, special diet of which the school should be aware.

---

### PARENT INFORMATION AND BILLING ADDRESS

#### **MOTHER**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP / Town: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **FATHER**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP / Town: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

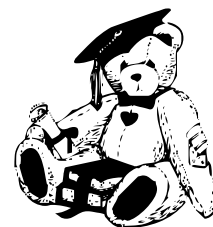
#### **PEDIATRICIAN:**

Doctor's name: \_\_\_\_\_

Office telephone: \_\_\_\_\_

Address: \_\_\_\_\_

# PARKSIDE SCHOOL



## EMERGENCY CONTACT

When neither parent can be reached by telephone and in the event of an illness, accident or medical emergency please contact:

Name:

Telephone:

Address:

## PLEASE CHECK IF IN AGREEMENT:

- I/We hereby confirm that we are covered by an accident, liability and health insurance.
- In the event of an illness or medical emergency I/we hereby authorize Parkside School to take my/our child to a local pediatrician/doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.
- Photos of my child may be published on the website of Parkside School (without naming the child, no portraits)

Place / Date:

Place / Date:

Mother/Guardian's Signature:

Father/Guardian's Signature:

## **Registration:**

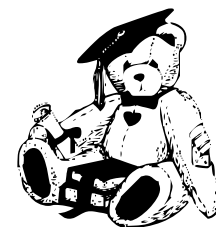
We check the availability of a space according to this registration form.

If we can take up your child we will send you a contract. Please countersign and send this contract back to us within 10 days.

**We are curious:** From where did you here about the Parkside School?

- Ad (Newspaper)
- Advertisement (posters, sponsoring)
- Internet (Google and other search engines)
- Friends, Relatives
- other: \_\_\_\_\_

# PARKSIDE SCHOOL



## PRE-SCHOOL AND KINDERGARTEN (BILINGUAL, THALWIL):

Date of entry: \_\_\_\_\_

Pre-school Group Thalwil

Kindergarten-Group

**Desired placement:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					

Other days possible?

---

## DAYCARE OBERRIEDEN (BILINGUAL):

Date of entry: \_\_\_\_\_

**Desired group if available:**

Group "Tintenfische" (attic)

Group "Schildchrötli" (attic)

Group "Seepferdli" (1. floor)

Babygroup (1. floor)

Pre-school Group  
(ground floor)

Montessori Kindergarten  
(ground floor)

**Desired placement:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					

Other days possible?

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Version 2021