



## Provisional Enrolment

Child Surname, First Name(s) .....

Date of birth ..... Mother tongue .....

Religious denomination ..... Nationality .....

	Mother	Father
Surname		
First name		
Street		
Postal Code, Town		
Profession		
Employer		
Date of birth		
Rel. denomination		
Mother tongue		
Nationality		
Telephone / mobile (daytime)		
Telephone / mobile (evening)		
E-mail address		

Liability insurance .....

Accident-/ Health insurance .....

Pediatrician / Dentist .....

Vaccination .....

Additional Comments .....

Proposed admission date .....

**Group 0 – 3 years**

Desired days (min. 3 days)  Monday  Tuesday  Wednesday  Thursday  Friday

**Group 3 – 6 years**

**The registration fee of CHF 800.00 is due after MIC GmbH confirmed the child's acceptance.**

I declare that I am acquainted of the principles of the Montessori pedagogy and agree to them. I have taken note of the costs to be expected (school fees specified in the parents information).

Place, date, signature of Father .....

Place, date, signature of Mother .....