



KINDERGARTEN
Fiorella & Irene

MONTESSORI
Kindergärtnerinnen

2011/2012

REGISTRATION FORM

PARENT'S NAME: _____

ADDRESS: _____

PHONE (PRIVAT): _____ OFFICE: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ MOTHER TONGUE: _____

DATE OF STARTING SCHOOL: _____

REQUESTED CARE PROGRAM:

- 5 Days per week 0
- 4 Days per week 0
- 3* Days per week 0

* offered exclusively for children aged 3 - 3 1/2

REQUESTED DAYS : _____

INSURANCE: _____

ADDRESS IN SWITZERLAND: _____

PLACE AND DATE: _____

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