



KINDERGARTEN
Fiorella & Irene

MONTESSORI
Kindergärtnerinnen

2018/2019

REGISTRATION FORM

PARENTS' NAMES:

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 – 3,3 years

REQUESTED DAYS :

INSURANCE:

ADDRESS IN SWITZERLAND:

PLACE AND DATE:

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