



# Enrolment form - Bacounis 2024/2025

101 route d'Hermance, 1245 Collonge-Bellerive

'In' Commune  / 'Out of' Commune

I, the undersigned,

Parent 1 Father <input type="checkbox"/> Mother <input type="checkbox"/>	Parent 2 Father <input type="checkbox"/> Mother <input type="checkbox"/>
Surname:	Surname:
First name:	First name:
Marital status:	Marital status:
Address:	Address:
Post code & town:	Post code & town:
Tel. - home:	Tel. - home:
Tel. - mobile:	Tel. - mobile:
Profession:	Profession:
Tel. - work:	Tel. - work:
Email:	Email:

would like to enrol my child(ren),

Surname:	First name:
DATE OF BIRTH:	Nationality:
Girl <input type="checkbox"/> Boy <input type="checkbox"/>	Enroled last year with: Bacounis <input type="checkbox"/> / Boucaniers <input type="checkbox"/>

... in the group (please select the desired sessions below):

<b>Les Matelots: 2-3 years</b> <input type="checkbox"/> <i>Mornings</i>	<b>Les Capitaines: 2-4 years</b> <input type="checkbox"/> <i>Mornings</i>
Monday, Tuesday, Thursday, Friday from 8h00 to 11h45	Monday, Tuesday, Thursday, Friday from 8h00 to 11h45

N.B. During the course of the year, the management reserves the right to modify the service according to member needs.

**Additional information:**

Child's health insurance provider	
Child's accident insurance provider	
Child's civil liability/3rd party insurance provider	
Name, address & telephone number of child's paediatrician	

**Payment frequency:**

Each term <input type="checkbox"/>	Annual <input type="checkbox"/>
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**Notes:**

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I declare that the above information is correct and that any changes will be communicated as soon as possible

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_