



# Enrolment form - Bacounis

## 2026/2027

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):

Les Matelots: 18-36 months <input type="checkbox"/> Mornings Monday, Tuesday, Thursday, Friday from 8h00 to 11h45	Les Capitaines: 2-4 years <input type="checkbox"/> Mornings Monday, Tuesday, Thursday, Friday from 8h00 to 11h45
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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:

Monthly <input type="checkbox"/>	Quarterly <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 : \_\_\_\_\_