



# Enrolment form - Wednesday Workshops 2026/2027 (3-5 years)

Boucaniers, 14a chemin des Rays, 1222 Vesenaz

'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), aged 3-5 years:

Surname:	First name :	DATE OF BIRTH:
Surname:	First name:	DATE OF BIRTH:

in Wednesday morning workshops ('ateliers'), from 9h00 to 12h00, at the Boucaniers nursery school, 14a chemin des Rayes, 1222 Vesenaz (please select the desired sessions below):

- ☐ for the 1<sup>st</sup> term (from 26 August to December 2026)
- ☐ for the 2<sup>nd</sup> term (from January to March 2027)
- ☐ for the 3<sup>rd</sup> term (from April to June 2027)
- ☐ for the school year (from 26 August 2026 to June 2027)

Payment frequency:

Each quarter <input type="checkbox"/>	Annual <input type="checkbox"/>
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Does your child/do your children, speak French? (please circle)    yes    no

If no, which languages does your child/do your children, speak at home? \_\_\_\_\_

Workshops are organised by theme and term. Each theme is approached from three angles and develop skills in the following areas:

1. Creativity
2. Fine and global motor skills
3. Oral expression

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 : \_\_\_\_\_

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Bac 2: 022 752 27 22

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