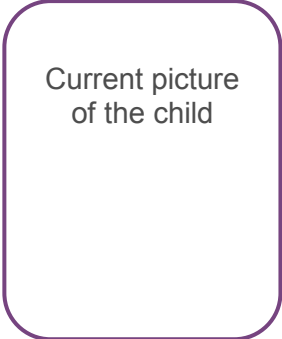


# Application form

Please fill in this form and return it with all additional materials to the following address:  
 KIDSZONE, Horburgstrasse 2, 4057 Basel

1. Health form including copy of the child' s immunisation record and copy of the child's health and accident insurance
2. Copy of the child's passport
3. Picture of the child and of the persons authorised to pick-up the child
4. Written confirmation of the registration fees transfer (CHF 350.--)
5. Written confirmation of the registration fees transfer (CHF 1'000.00)
6. Signed financial regulation and health form



## Childs information

Last name	_____	First name	_____
Date of birth (d/m/y)	_____	Nationality	_____
Mother tongue	_____	Further languages	_____
Religion	_____	Gender	_____
Date of entry	_____	Number of days a week	_____

## Care days and care time

	Monday	Tuesday	Wednesday	Thursday	Friday
Full-day 7.00 a.m.-7.00 p.m.					
Half-day 7.00 a.m.-2.00 p.m.					
Half-day 11.15 a.m.- 6.15 p.m.					
Dining table 12.00 a.m.-2.00 p.m.					

Expected drop-off time:..... Average pick-up time:.....

## Further information

Current school (if existing)

Name of the school	_____	Head of the school	_____
Address	_____	Dates attended	_____
Email	_____		

Child's siblings

Name	_____	Age	_____
Name	_____	Age	_____

Parent's **information (home)**

*Father / Guardian*

*Mother / Guardian*

Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
Nationality	_____	Nationality	_____
Religion	_____	Religion	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
Mobile	_____	Mobile	_____
Email	_____	Email	_____

Parent's **information (office)**

*Father / Guardian*

*Mother / Guardian*

Title /Position	_____	Title / Position	_____
Employer	_____	Employer	_____
Address	_____	Address	_____
Phone (direct)	_____	Phone (direct)	_____
Email	_____	Email	_____

Please indicate with whom the child will be living while attending KIDSZONE

Both parents                      Mother                      Father                      Other

Please specify, when the child is living with other persons

Last Name	_____	First Name	_____
Address	_____	Phone	_____

**Persons authorised to pick up child (additional to the parents / guardians)**

*1. Person*

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Phone \_\_\_\_\_

*2. Person*

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Phone \_\_\_\_\_

Please enclose an ID picture of the persons who are authorised to pick up the child.

**Person to be contacted in case of emergency, if both parents are not available:**

Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mobile \_\_\_\_\_  
Phone \_\_\_\_\_

**Correspondence**

Please send all correspondence to

Both parents                      Mother                      Father

In which language would you like correspondence from KIDSZONE

German                      English

The child-care-place may be terminated on the end of a calendar month by the parents or KIDSZONE upon giving a 3 months' notice. A written termination is required. If a care place is not needed anymore without cancellation or before the notice time is over, KIDSZONE will invoice until the notice period is over.

If the parents terminate the day-care contract after payment of the application fee and the deposit and before the beginning of the child care in KIDSZONE, three months will be charged. In this case the deposit will not be refunded.

I / We have read, understood and accept the operational concept, the terms of application, the application and the health forms, the holiday sheet and the financial regulation. I / We confirm the accuracy of all information.

\_\_\_\_\_  
Signature Father /Guardian

\_\_\_\_\_  
Signature Mother /Guardian

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Date (day/month/year)