



ENROLMENT FORM

Rue du Valentin 7
1004 Lausanne
info@levalentin.ch
www.montessori-levalentin.ch
+41 21 312 44 33

School Year 20____ - 20____

Class _____

Student

Student's surname _____

First name _____

Date of birth _____

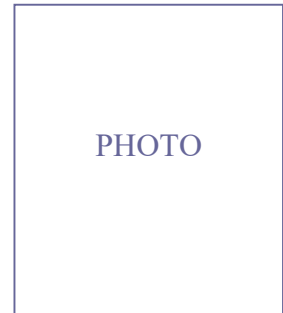
Sex female male

Mother tongue _____

Spoken languages _____

Nationality _____

Place of birth _____



Student Profile

Previous school attended: _____

Year level: _____

Has your child already experienced the Montessori method?: Yes No

If yes, in which context?: _____

Sport or musical instrument played by the student: _____

Other hobbies: _____

Student's health

Anything requiring special attention: _____

Illness or allergies: _____

Contra-indication as regards medicine: _____

Name and telephone of GP: _____



Student's Insurance

AVS card number: _____

Name and address of health insurance: _____

Name of accident insurance: _____

Public liability insurance: _____

Information concerning the students' legal guardians

Legal guardian

Father: _____

Surname: _____

First name: _____

Address: _____

Prof.tel. _____

Private tel. _____

E-mail _____

Profession _____

Legal guardian

Mother _____

Surname: _____

First name: _____

Address: _____

Prof.tel. _____

Private tel. _____

E-mail _____

Profession _____

Permission

I authorise the educational staff to:

Take my child on excursions and use public transport Yes No

Give medication such as disinfectant Yes No

Give homeopathic granules or arnica cream Yes No

Take or display photos of my child for school publicity Yes No

I do not authorise: _____



Administrative information

Means of payment: monthly (10 months) annually (payment before September 1st allows for a 3% discount)
 Other _____

School catering: school canteen 4 times a week eats at home

Address for invoice:

Mail Address:

Days of attendance

	8h30-11h45	13h25-15h00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

REMARKS

The payment is monthly (10 months) with no increase, and paid on the first of each month.

All rights reserved concerning amendments and updates.

The meal charge is a fixed fee, regardless of the number of meals taken.

All requests concerning cancellation or change as regards the childcare facility must be made in writing. The invoice is monthly and is a fixed fee. A cancellation will be taken into account at the end of the month in progress.

DISCOUNT

A discount is available to families with more than one child attending the school.

BANK DETAILS

Account number: S 5074.04.97

Bank Address: Banque Cantonale Vaudoise Case postal 300 - 1001 Lausanne CCP n° 10-725-4

Clearing: 767 BIC/SWIFT : BCVLCH2LXXX

IBAN : CH15 0076 7000 S5



GENERAL CONDITIONS

Admission Procedure

Unless they have already attended a Montessori school, children are accepted to enrol from three to six years of age .
An enrolment can take place at any time during the school year

Departure and cancellation

The enrolment is for the entire academic year. Any prior departure requires a notification by registered mail with two months' notice. Failing this notice, the tuition fee for the following term will be due. This also applies for the meals and any extracurricular fees, as well as the school bus.

Absence

Please notify the office to inform us of a child's absence (021/312 44 33)

Offers in collaboration with the le Valentin.

We work in close partnership with the Valentin School. This enables you to benefit from special offers (see points 2 to 4 under Financial Conditions) For an optimal way of working, the conditions stipulated by the Valentin School must be respected.

Damage

You are required to pay for any damage caused by your child.

SIGNATURE

We, the undersigned, fully accept the general conditions, the financial conditions, the school regulations and the school holidays assigned by the school.

Place: _____ Date : _____

Signature of the father or legal guardian

Signature of the mother or legal guardian
