

Enrollment form | Art Workshops in July

Child Information

Name	Surname	Gender: M / F
Date of birth .../.../.... Age:.....	Health Insurance	

Arts & Expression Summer Creative Workshops

These workshops are run by Eurydice Labaki, Art-Therapist and resident Visual Art Teacher at Atelier du Square. She'll answer your questions on 078 696 12 45 or eurydice@arts-expression.ch.

Enrollment details

Please select the week or the day(s) for which you are enrolling your child. Thank you !

Children from 4 to 6 years old		Children from 6 to 12 years old	
"TWINKLE LITTLE STAR" From 3 to 7 July 9h30 to 12h30	"FUNNY ANIMALS" From 10 to 14 July 9h30 to 12h30	"THE COSMOS" From 3 to 7 July 14h00 to 17h00	"ANIMALS OF THE WORLD" From 10 to 14 July 14h00 to 17h00
YES NO Full week CHF 275.-	YES NO Full week CHF 275.-	YES NO Full week CHF 275.-	YES NO Full week CHF 275.-
YES NO Monday CHF 65.-	YES NO Monday CHF 65.-	YES NO Monday CHF 65.-	YES NO Monday CHF 65.-
YES NO Tuesday CHF 65.-	YES NO Tuesday CHF 65.-	YES NO Tuesday CHF 65.-	YES NO Tuesday CHF 65.-
YES NO Wednesday CHF 65.-	YES NO Wednesday CHF 65.-	YES NO Wednesday CHF 65.-	YES NO Wednesday CHF 65.-
YES NO Thursday CHF 65.-	YES NO Thursday CHF 65.-	YES NO Thursday CHF 65.-	YES NO Thursday CHF 65.-
YES NO Friday CHF 65.-	YES NO Friday CHF 65.-	YES NO Friday CHF 65.-	YES NO Friday CHF 65.-

Legal Guardian

Name	Surname	
Address		
Zip	Town	Country
Home phone	EMERGENCY phone	
Mother's cell	Profession	Prof. phone
Father's cell	Profession	Prof. phone
Email		
Name of civil liability insurance		
How did you find out about our workshops ? (please circle your answer)		
Activity for families website Meet-up.com Facebook Linked-in other, pls specify		
Flyer Newspaper ad Friend/Family Acquainted with Atelier du Square or Eurydice other, pls specify		

Medical information

Specific illness(es) / hospitalisation / handicap(s): Yes / No

Allergies: Yes / No

Details

Special dietary information: Yes / No

Details

Specific medical treatment and/or medication: Yes / No (if medication must be given, please provide the pediatrician's prescription)

Details

Specific contraindicated physical activity (please join a medical certificate): Yes / No

Details

Parental permission

I,, certify that, is in good physical and mental health and fully capable of participating in the activities of the creative workshops for the chosen weeks. In case of a situation of great emergency and/or Act of God, I agree that all available medical care be provided (included hospitalisation, anesthesia and surgery). I agree to pay for all consequent medical, hospital and surgical expenses.

Place/ Date

Signature

Additional information

General Conditions

1. Mid-morning and afternoon snacks are provided, as well as aprons.
2. Picnic for lunch-breaks to be provided by the parents.
3. For children who are not potty-trained during their nap-time parents must provide disposable nappies, wet wipes and appropriate creams in sufficient quantities.
4. Parents must provide indoor slippers and a complete change of clothes.
5. A strict non-smoking policy is applied to the entire space of the workshop and must be respected.
6. In case of a cancellation of enrollment within 20 working days of the beginning of the workshop, 50% of the workshop fees will be returned.
7. In case of a cancellation of enrollment within 10 working days of the beginning of the workshop no refund of fees will take place.
8. Should the dates of the workshops be changed for any reason, a voucher of the same value as the fee of the workshop will be emitted to be used with Arts & Expression Workshops at Atelier du Square.

Payment Information via E-banking

Account owner: Atelier du Square, rue François Bonivard 4, 1201 Genève
Account: N° 14-700094-9 | BIC POFICHBEXXX
IBAN: CH69 0900 0000 1470 0094 9
Communication: Arts & Expression Creative Workshops August 2016
PostFinance SA, rue du Château d'En-Bas 33, CH - 1631 Bulle

I certify that the above mentioned informations are all exact,

Place & date:,

read and approved by the Legal Guardian: