



RAINBOW SCHOOL PARIS

SUMMER Club Application pack

10-13 JULY 2017

Dear Parents,

We would like to thank you for your application and interest in our establishment. This application pack includes the following information:

1. How to Apply
2. Summer Club Registration Form (Pages 2,3)
3. School Authorisation Forms (Pages 4,5)

Please make sure to carefully read this entire document before completing the Registration Form. For any further information, do not hesitate in contacting us at +33 1 43 33 00 07 or by email contactus@rainbowschoolparis.com
We look forward to receiving your application and documents.

Sincerely,

Bénédicte Vaissade

Head of School

HOW TO APPLY

Please submit the following documents

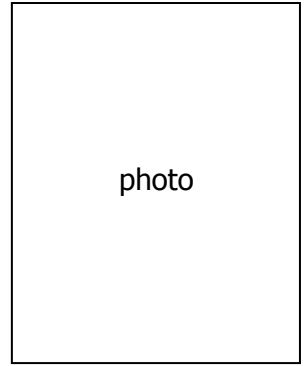
- Completed pack form
- 1 picture
- Copy of Birth Certificate or Passport or Livret de famille
- School Insurance (Assurance Activités extrascolaires)
- 80 € application fee (non-refundable)



SUMMER CLUB

10-13 JULY 2017

REGISTRATION FORM



First Name: _____

Boy Girl

Family Name: _____

Date of birth: ____/____/____

Place of birth: _____

Nationality(ies): _____ Main language(s) spoken at home: _____

Level of English beginner conversational native speaker

Level of French beginner conversational native speaker

Level of other

Language beginner conversational native speaker

(_____)

Local address (in Paris): _____

Father

Mother

Name: _____

Name: _____

Surname: _____

Surname: _____

Email: _____

Email: _____

Address*: _____

Address*: _____

Tel (prof): _____

Tel (prof): _____

Mobile phone: _____

Mobile phone: _____

Occupation: _____

Occupation: _____

Father's employer in France: _____

Mother's employer in France: _____

Alternative emergency contact if parent unavailable:

Doctor's name and phone number:

Known allergies or medical condition:

Last school (if applicable):

Name: _____ Country/city: _____

Dates attended and grades: _____

Does the child have any special needs? Please explain:

Religion: _____ Special dietary needs: _____

Family situation (tick where applicable):

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Parents living together | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Married |

Siblings:

Name: _____ Sex (M/F) Age _____

Name: _____ Sex (M/F) Age _____

Conditions of entry

- I hereby apply for admission of my child to Rainbow School Summer Club and enclose the registration fee of 80€ to cover the cost of processing my child's application along with 100€ deposit.
- I understand that this application fee is non-refundable
- I understand that fees are payable in advance at the start of the summer club
- The head teacher reserves the right to resign the charge of any child.
- I agree to my child being taken from the school when accompanied by trained staff, e.g. outings and walks.
- I agree that in event of an emergency my child should attend the casualty department at the nearest hospital.

I have read the general and financial conditions and agree to abide thereby:

Date

Signature



AUTHORISATION FORM

Child's Name: _____

Food

We understand that the school is not responsible for the food that has been sent from home (packed lunch).

Cookery class

We authorise our child to partake in cooking classes, which will include touching or eating ingredients/ food, and doing some simple cooking tasks. We also authorise our child to taste homemade food.

Photos

We authorise our child to have his or her photograph taken individually or in-group while participating in school activities. We agree that these photographs can be used for class project as well as for marketing the purpose of the school.

Field trips

We agree to our child being taken from the school when accompanied by trained staff, e.g. outings and walks.

Emergency

We agree that in event of an emergency our child should attend the casualty department at the nearest hospital.

Contact information

We agree to give our email and phone number to the rest of the Wednesday Club parents.

Date

Signature of the parents



AUTHORISED PICK UP INFORMATION

Child's Name: _____

These contacts, in addition to Parent(s) and Emergency contacts, are permitted to pick up my child:

1. Name: _____

Daytime Phone: _____

Mobile: _____

Relationship to the child: _____

2. Name: _____

Daytime Phone: _____

Mobile: _____

Relationship to the child: _____

3. Name: _____

Daytime Phone: _____

Mobile: _____

Relationship to the child: _____

4. Name: _____

Daytime Phone: _____

Mobile: _____

Relationship to the child: _____