



RAINBOW SCHOOL PARIS

Holiday Club Application Pack

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 form. If you require any further information, do not hesitate in contacting us by phone at:

+33 1 43 33 00 07 (Office) / +33 7 68 12 95 31 (Mobile)

or by email: office@rainbowschoolparis.com

We look forward to receiving your application and documents.

Sincerely,

Bénédicte Lartigue Vaissade

Head of School

How to Apply (if your child is not a part of Rainbow School)

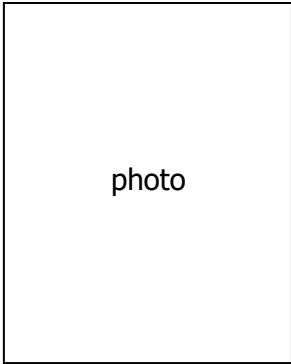
Please submit the following documents:

- Completed Application Pack
- 1 Photo of the Child (attached to the square on the next page that says photo)
- Copy of Birth Certificate or Passport
- Livret de Famille / Family Book (if applicable)
- School Insurance (must state 'extra-scolaire')
 - not required until the first day your child attends school
- 80 € application fee (non-refundable)

Note: If your child is currently enrolled in Rainbow School, we do not require you to submit the same documentation a second time.



HOLIDAY CLUB 2019 Registration Form



April 22nd – 26th :

July 8th – 12th :

July 15th – 19th :

First Name: _____

Family Name: _____

Boy Girl

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):

Parents living together

Divorced

Widowed

Separated

Remarried

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.
- I understand that this application fee is non-refundable.
- I understand that fees are payable in advance, before 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 (outings/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



RAINBOW SCHOOL PARIS

Authorisation Form

Child's Name: _____

Food

We understand that the school is not responsible for the food that has been brought 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 name, local address, email and phone number to my child's school.

Date: _____

Signature of the Parent(s): _____



RAINBOW SCHOOL PARIS

Authorised Child 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: _____