



L'Ecole Koenig Kindergarten

* Music Camp – June 29th to July 3rd
and July 6th to 10th, 2020 *

Enrollment Form

First Name: _____ Last Name: _____

INFORMATION ABOUT THE FAMILY:

Parent 1:

Last Name: _____

First Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent 2:

Last Name: _____

First Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

If parents are divorced or separated, with whom does the child live? _____

Any other information concerning the family situation:

HOME ADDRESS:

Street: _____ Zip Code: _____ City: _____

THIRD PARTY TO CONTACT: (babysitter, grandparents)

Name: _____ Telephone: _____

Relation: _____

IF DIFFERENT BILLING ADDRESS:

Name of the person to bill: _____

Address: _____ Zip Code: _____ City: _____

Telephone: _____



INFORMATION ABOUT THE CHILD:

Gender: M F

Birthdate: ___/___/___

How did you hear about L'École Koenig Kindergarten's vacation camps? _____

Has your child ever participated in a vacation camp? Yes No

If yes, where? What was their experience? _____

FORMULA & FEES:

One week Music Camp

(9am to 3pm): 500€/week (450€ for a sibling)

Please precise: **June 29th-July 3rd, 2020** **July 6th-10th, 2020**

Two weeks Music Camp

(9am to 3pm): 950€/week (900€ for a sibling)

PAYMENT TERMS:

Method of payment:

On line per credit card (from L'École Koenig website)

Any cancellation happening less than one week before the beginning of the camp or during the camp will not qualify for reimbursement, except in case of hospitalization, long term sickness or death of a relative.

HEALTH RECORDS:

BIRTHDATE: _____ BOY GIRL

HEALTH INSURANCE: _____

PERSON RESPONSIBLE FOR THE CHILD:

Last Name: _____ First Name: _____

ADDRESS (where we may reach you during the vacation camp):

TELEPHONE: Home _____ Cell: _____ Work : _____

THE BELOW TABLE GIVES US PRECIOUS INFORMATION ABOUT YOUR CHILD'S HEALTH AND REPLACES AN OFFICIAL "BILAN DE SANTE" FROM YOUR DOCTOR.

VACCINATIONS (Please photocopy the child's "carnet de santé")

VACCINS OBLIGATOIRES	Yes	No	DATE du RAPPEL	VACCINS RECOMMANDES	DATES
Diphtérie				Hépatite B	
Tétanos				Rubéole- Oreillons- Rougeole	
Poliomyélite				Coqueluche	
OU DT polio				Autres (précisez)	
OU Tétracoq					
BCG (Non obligatoire)					

IF YOUR CHILD HAS NOT RECEIVED THE REQUIRED VACCINATIONS, PLEASE PROVIDE A CERTIFICATE FROM YOUR HEALTH PROFESSIONAL.



HEALTH RECORDS: page 2/3

HAS YOUR CHILD EVER BEEN INFECTED WITH THE FOLLOWING :

RUBELLA Yes <input type="checkbox"/> No <input type="checkbox"/>	CHICKEN POX Yes <input type="checkbox"/> No <input type="checkbox"/>	PHARYNGITIS Yes <input type="checkbox"/> No <input type="checkbox"/>	RHEUMATOID ARTHRITIS Yes <input type="checkbox"/> No <input type="checkbox"/>	SCARLET FEVER Yes <input type="checkbox"/> No <input type="checkbox"/>
WHOOPING COUGH YES <input type="checkbox"/> No <input type="checkbox"/>	EAR INFECTIONS YES <input type="checkbox"/> No <input type="checkbox"/>	MEASELS YES <input type="checkbox"/> No <input type="checkbox"/>	MUMPS YES <input type="checkbox"/> No <input type="checkbox"/>	

ALLERGIES: Asthma Yes No Medicine Yes No
Food Yes No Animal Fur _____
Dust Yes No Other _____

Please detail allergies & the procedure to follow if a reaction occurs (indicate if self-medicated):

PLEASE INDICATE:

ANY HEALTH PROBLEMS (ILLNESS, ACCIDENTS, CONVULSIONS, HOSPITALISATIONS, OPERATIONS, INDICATE THE DATES & ANY **PRECAUTIONS TO TAKE**):

ADDITIONAL INFORMATION:

Does your child wear glasses, a hearing aid, dental retainer, etc... Please explain.

Name & telephone number of the Family Doctor/*médecin traitant*:

I, the undersigned _____, the child's legal guardian, confirm that all information provided is accurate and authorize the camp's direction to make all necessary decisions (medical treatment, hospitalization, surgical intervention) concerning my child's health.

Signature: _____ Date: _____

PARENTAL AUTHORIZATION:

I confirm that I have read and understood all of the information in this enrollment package. I hereby confirm, following the interview allowing the Kindergarten to meet my child, my child's participation in L'École Koenig's school camp and all activities organized within the program. L'École Koenig reserves the right to cancel and reimburse fully or partially an enrollment before the beginning of the camp or during the camp, notably due to inappropriate behavior (parent or a child) considered detrimental to the program or to the other participants. I authorize L'École Koenig to use photographs of my child for all promotional material. To my knowledge, my child is in good health and I will inform the staff if he/she is exposed to an infectious disease or if gets lice. In case of an accident involving my child during the camp, I understand that my insurance policy, that I have included in this enrollment package, will be contacted to cover any medical or material costs resulting from the accident.* L'École Koenig will do all within its power to contact a parent/guardian in case of a medical emergency. However, if I cannot be reached, in the case of a medical emergency, I authorize the doctor chosen by L'École Koenig's Direction to hospitalize my child, to administer the appropriate treatments and prescribe shots, anesthesia or surgical interventions.

**Please include a copy of your insurance policy (responsabilité civile and medical insurance)*

Signature: _____ Date: _____