

ELA Basel Early Years Application Form

(PLEASE BLOCK PRINT OR TYPE, IN ENGLISH)

Document Check: Please include/attach with this application form:

- Copy of your child's identity document (passport/permit etc.)
- A recent photograph of your child (within the last 3 months)

Information			
Child's first name:	Male () Female ()		
Child's last name/surname:			
Date of Birth (day/month/year):	Nationality(ies):		
Language Profile			
Languages studied by your child and for how long:			
Mother Tongue:	Spoken:	Written:	Years:
Language 2:	Spoken:	Written:	Years:
Language 3:	Spoken:	Written:	Years:
Stay in Switzerland			
Requested start date at ELA:	Month:	Year:	
Anticipated stay in Switzerland:	Permanent:	Number of Years:	
Educational Background			
Has your child ever been placed in a class/group above or below their chronological age? If so please provide details:			
Has your child received support for specific academic subjects? If so please provide details:			
Has your child received support for other areas such as emotional, social or behavioural? If so please provide details:			

Medical Information	
Does your child suffer from any food or other allergies? If so please provide details:	
Does your child have any medical conditions that ELA Basel should be aware of? If so please provide details:	
Do you have siblings already at ELA Basel or who are applying for a place?	
Sibling 1:	
Sibling 2:	
Sibling 3	

Parent/Guardian Information	
Relationship to child:	
First name:	
Last name/surname:	
Nationality(ies):	
Contact address:	
Email:	
Home phone number:	
Mobile phone number:	
Employer:	
Job title:	
Relationship to child:	
First name:	
Last name/surname:	
Nationality(ies):	
Contact address:	
Email:	
Home phone number:	
Mobile phone number:	
Employer:	
Job title:	

Please indicate the days you would like your child to attend:

Minimum attendance is 3 days per week

Regular Day: Children may be collected at 3:30pm Monday to Thursday and 2:00pm on Friday

Extended Day: Children may be collected between 4:30pm and 6:00pm Monday to Friday

	Monday	Tuesday	Wednesday	Thursday	Friday
Regular Day					
Extended Day					

Additional Information

Please indicate the name and location of the childcare/school your child currently attends:

Please indicate any information about home life that would be useful for ELA Basel to know:

(Such as divorced parents, custody and access arrangements, legal guardians etc.)

Please indicate if a proportion (if any) of your fees will be paid by your employer

ELA Basel uses digital communication for all general school information and notices. Please indicate below your preferred email address and correspondence address for all such communication:

Preferred Email address:

Preferred Correspondence address:

From time to time, ELA Basel uses photographs of children for marketing purposes such as information flyers, prospectuses and our website. May we use photographs of your child in ELA Basel marketing material? Please circle:

Yes

No

How did you hear about ELA Basel?

Parent/Guardian signature:

Date:

Parent/Guardian signature:

Date: