

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? Does your child follow a special diet? 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:	
Contact address:	
Email:	
Mobile phone number:	
Employer:	
Relationship to child:	
First name:	
Last name/surname:	
Contact address:	
Email:	
Mobile phone number:	
Employer:	

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

How did you hear about ELA Basel?

Parent/Guardian signature:

Date:

Parent/Guardian signature:

Date: