

ENROLLMENT FORM

KICKSTART ENGLISH SUMMER CAMP 2025



To register your child, please print, complete and sign this form. Please send it to our school office by email at office@isberne.ch or by post to: ISBerne, Allmendingenweg 9, 3073 Gümligen.

REGISTRATION

I would like to register my child for the following camp week/s:	<input type="checkbox"/> Week 1: July 7-11, 2025 <input type="checkbox"/> Week 2: July 14-18, 2025
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PARTICIPANT'S INFORMATION

Last Name:	
First Name:	
Date of Birth: (day/month/year)	
Gender:	
Current School's Name:	
Grade Level in 2024-25:	
Does your child have any medical conditions or allergies that our school should be aware of, including food allergies?	

PARTICIPANT'S LANGUAGE PROFILE

Please indicate your child's knowledge of languages by entering an "x" as appropriate:

	Fluent	Satisfactory	Basic	None
English				
French				
German				
Other				

What is your child's mother tongue / first language?	
Has your child studied English in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for how many years have they studied English?	
What other languages does your child know?	

FAMILY INFORMATION

Mother / Guardian	
Last Name:	
First Name:	
Phone (Mobile):	
Phone (Work):	
Phone (Home):	
Email:	
Address:	

Father / Guardian	
Last Name:	
First Name:	
Phone (Mobile):	
Phone (Work):	

Phone (Home):	
Email:	
Address:	

Communication Preferences	
Correspondence should be sent to:	<input type="checkbox"/> Mother / Guardian 1 <input type="checkbox"/> Father / Guardian 2 <input type="checkbox"/> Both Parents / Guardians
Invoices should be sent to:	<input type="checkbox"/> Mother / Guardian 1 <input type="checkbox"/> Father / Guardian 2 <input type="checkbox"/> Both Parents / Guardians

Signature:	
Date:	