

Kickstart English Summer Camp Enrolment Form 2026



International
School of
Berne

Instructions

Please send the completed form to the school office or to office@isberne.ch.

I would like to register my child for the following camp week/s:

Week 1: July 6–10, 2026 Week 2: July 13–17, 2026

Participant

Please type or print clearly.

Last Name

First Name

Gender Male Female Other Prefer not to say

Date of Birth (day/month/year)

Current School Name

Grade Level in 2025 – 2026

Does your child have any medical conditions or allergies (including food) that the school should be aware of?

No Yes If yes, please give details including symptoms and any necessary emergency procedures:

Participant's Knowledge of Languages Please mark as appropriate.

English Fluent Satisfactory Basic None

German Fluent Satisfactory Basic None

French Fluent Satisfactory Basic None

Other: Fluent Satisfactory Basic

What is your child's mother tongue / first language?

Has your child studied English in school?

No Yes If yes, for how many years have they studied English?

What other languages does your child know?

Contact Details

Parent / Guardian 1

Last name	First name
Address	
Personal Email	
Mobile Phone (with country code)	

Parent / Guardian 2

Last name	First name
Address	
Personal Email	
Mobile Phone (with country code)	

Correspondence

Please send correspondence to:

- Both parents in same home Parent / Guardian 1 Parent / Guardian 2

Please send invoices to:

- Both parents in same home Parent / Guardian 1 Parent / Guardian 2

Media Release

We occasionally take photos and videos of students participating in activities. We may share these photos and videos with parents to show them the activities their child has been participating in during our lessons. These images may be used for promotional purposes, including use on our website, social media channels, printed materials, and future advertisements. ISBerne complies with applicable Swiss data protection laws and will remove any image or video upon request within 3 business days.

Please indicate your consent:

- Yes**, I give permission for ISBerne to photograph or film my child and use the media for promotional purposes.
- No**, I do not give permission for my child to be photographed or filmed.

Parent / Guardian 1 Name

Signature	Place, Date (d/m/y)
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Parent / Guardian 2 Name

Signature	Place, Date (d/m/y)
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