

Registration Form – Ganon Basel

We / I would like to register our / my child for the Ganon Basel :

Child's Name	Child's first name
Child's birthdate	<input type="checkbox"/> female <input type="checkbox"/> male
Address	Zip Code, City

Parents

Mother's Name	Father's Name
Mother's first Name	Father's first Name
Mother's birthdate State of birth	Father's birthdate, State of birth
Mother's adress	Father's adress
Mother's private phone number	Father's private phone number
Mother's mobile phone number	Father's mobile phone number
Mother's work	Father's work

<input type="checkbox"/>	5 halfdays / week (Mo-Fr) 7.30 am untill 1.30 pm	750.- CHF monthly (payable latest by the 2nd of each month)
<input type="checkbox"/>	3 halfdays / week 7.30 am untill 1.30 pm	425.- CHF monthly (payable latest by the 2nd of each month)
<input type="checkbox"/>	Add. 2 afternoons / week Tuesday & Thursday untill 4.30 p.m.	320.- CHF monthly (payable latest by the 2nd of each month)

Allergies

Our / my child has the following allergies:
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Remarks

Parents who are not member in the IGB must expect extra charges for security infrastructure (billed directly by IGB)

Signature, Date
