

## Registration Form – Ganon Steven Karger Basel

The "Ganon Reglement" is an integral part of the application (to download on [www.ganon.ch](http://www.ganon.ch))

We / I would like to register our / my child for the Ganon Steven Karger 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 address	Father's address
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
Mother: member of IGB <input type="checkbox"/> yes <input type="checkbox"/> no	Father: member of IGB <input type="checkbox"/> yes <input type="checkbox"/> no

Date of entry according to confirmed agreement: \_\_\_\_\_

<input type="checkbox"/>	<b>5 half days / week (Mo-Fr)</b> 7.30 am until 1.30 pm	800.- CHF monthly (payable latest by the 2nd of each month)
<input type="checkbox"/>	<b>3 half days / week</b> 7.30 am until 1.30 pm  Please choose: <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr	475.- CHF monthly (payable latest by the 2nd of each month)
<input type="checkbox"/>	<b>Add. 2 afternoons / week</b> <b>Tuesday &amp; Thursday</b> until 4.30 p.m.  Please choose: <input type="checkbox"/> Tu <input type="checkbox"/> Th	350.- CHF monthly (payable latest by the 2nd of each month)

## Allergies

Our / my child has the following allergies:

## Remarks

**Parents who are not member in the IGB must expect extra charges for security infrastructure**

\_\_\_\_\_  
Signature,

\_\_\_\_\_  
Date

Please send the application form to:

Email: [Ganon@Ganon.ch](mailto:Ganon@Ganon.ch)

Paper copy: Ganon Basel c/o Lea Karger, Bundesstrasse 23, 4054 Basel