

COLOURWOODS MONTESSORI KINDERHAUS

Max-Daetwylerstr. 4, 8126 Zumikon

Phone : 044 918 19 81 – Mobile : 079-5074196

www.montessori-zumikon.ch ximena.rudolph@sunnehof.ch

KINDERHAUS LOCATION: HOHFURREN 20, 8126 ZUMIKON (No mailbox)

Tel. 043 288 05 90

ADMISSION AND REGISTRATION FORM

Child's Information

Name.....

Date of birth

Toilet trained.....

Siblings and age

Languages spoken at home

Has your child attended a play group or Montessori preschool before? If yes where?

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Health status; please list any medical conditions, allergies and special needs

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Doctor's name, address and phone number

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Parent's Information

Mother's name.....

Nationality date of birth.....

Swiss address.....

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Home phone number.....Mobile phone number.....

Business phone number.....Email.....

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Father's name.....

Nationality date of birth.....

Swiss
address.....

.....

Home phone number..... Mobile phone number.....

Business phone number..... Email.....

Child's entry

Date of entry

I hereby confirm that I have arranged for suitable Health and Accident Insurance as well as Personal Liability Insurance cover for the named child, copies of which will be provided.

I hereby confirm my agreement to the General Enrollment Regulations, as provided.

I understand the Montessori pedagogic method.

Parents signature

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Place..... Date.....