



Enrolment Form - Bacounis

« LET'S MOVE! » 2024/2025

101 rte d'Hermance - 1245 COLLONGE

'In' Commune / 'Out of' Commune

Age range: 2-5 years

I, the undersigned,

Father	Mother
Surname:	Surname:
First name:	First name:
Marital status:	Marital status:
Address:	Address:
Post code & town:	Post code & town:
Tel. - home:	Tel. - home:
Tel. - mobile:	Tel. - mobile:
Profession:	Profession:
Tel. - work:	Tel. - work:
Email:	Email:

would like to enrol my child(ren),

Surname:	First name:
Date of birth:	Nationality:
Girl <input type="checkbox"/> Boy <input type="checkbox"/>	Enroled last year with: Bacounis <input type="checkbox"/> / Boucaniers <input type="checkbox"/>

... in the group (please select the desired sessions below):

MINI FOOTBALL <input type="checkbox"/> Mondays from 13h30 to 17h15 <input type="checkbox"/> 1 st trimester (September through December 2024) <input type="checkbox"/> 2 nd trimester (January through March 2025) <input type="checkbox"/> 3 rd trimester (April through June 2025)	DANCE <input type="checkbox"/> Tuesdays from 13h30 to 17h15 <input type="checkbox"/> 1 st trimester (September through December 2024) <input type="checkbox"/> 2 nd trimester (January through March 2025) <input type="checkbox"/> 3 rd trimester (April through June 2025)
CREATIVE MOVEMENT <input type="checkbox"/> Thursdays from 13h30 to 17h15 <input type="checkbox"/> 1 st trimester (September through December 2024) <input type="checkbox"/> 2 nd trimester (January through March 2025) <input type="checkbox"/> 3 rd trimester (April through June 2025)	YOGA <input type="checkbox"/> Fridays from 13h30 to 17h15 <input type="checkbox"/> 1 st trimester (September through December 2024) <input type="checkbox"/> 2 nd trimester (January through March 2025) <input type="checkbox"/> 3 rd trimester (April through June 2025)

N.B. The management reserves the right to modify the sessions offered based on member needs.

Additional information:

Child's health insurance provider	
Child's accident insurance provider	
Child's civil liability/3rd party insurance provider	
Name, address & telephone number of child's paediatrician	



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Tarifs:

'In' Commune tariffs by income bracket (CHF)	Monthly tarif 1 session per week	Monthly tarif 2 sessions per week	Monthly tarif 3 sessions per week	Monthly tarif 4 sessions per week
0 to 50,000	112.00	224.00	336.00	448
50,001 to 70,000	114.50	229.00	343.50	458
70,001 to 90,000	117.00	234.00	351.00	468
90,001 to 110,000	119.50	239.00	358.50	478
110,001 to 130,000	122.25	244.50	366.75	489
130,001 to 150,000	125.00	250.00	375.00	500
Above 150,000	127.50	255.00	382.50	510

'Out of' Commune tariffs by income bracket (CHF)	Monthly tarif 1 session per week	Monthly tarif 2 sessions per week	Monthly tarif 3 sessions per week	Monthly tarif 4 sessions per week
0 to 50,000	120	239	358.5	478
50,001 to 70,000	122	245	366.75	489
70,001 to 90,000	125	250	375	500
90,001 to 110,000	128	255	382.5	510
110,001 to 130,000	130	260	390	520
130,001 to 150,000	133	265	397.5	530
Above 150,000	135	270	405	540

Payment frequency:

Each trimester <input type="checkbox"/>	Monthly <input type="checkbox"/>
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Notes:

I declare that the above information is correct and that any changes will be communicated as soon as possible:

Name: _____

Date: _____

Signature: _____