

Reg. No.

Swiss Summer School & Adventure Camp 2018

Registration Form

A. Student Information

First Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name: _____	Nationality: _____
Surname: _____	Country of Residence: _____
Date of Birth: ____/____/____	Visa Status: _____
Native Language: _____	2 nd Language: _____
Mailing Address: _____	

B. Parents/Guardians Information

Father:

Name: _____	Occupation: _____
Telephone (Res.): _____	Telephone (Work): _____
Fax Number: _____	Mobile Phone: _____
Nationality: _____	Email Address: _____
Mailing Address: _____	

Mother:

Name: _____	Occupation: _____
Telephone(Res.): _____	Telephone(Work): _____
Fax Number: _____	Mobile Phone: _____
Nationality: _____	Email Address: _____
Mailing Address: _____	

C. Contact Information

In case of emergency who should we contact?

Name: _____	Telephone: _____
Name: _____	Telephone: _____

MEDICAL & OTHER REQUIREMENTS

D. Disclosure of Important Medical Information:

Please add below any additional information you may think is necessary as regards to your child's **education, health, and well-being**. Please include information about **any medical condition** that the student may be suffering from or has suffered from in the past. This must include **any and all allergies** and **all medication prescribed**. Please also include all vaccinations taken in the past. This information will remain confidential, and will be disclosed only in cases of medical or dental emergency:

E. Parental Authorization for Emergency Medical/Dental Treatment:

We will make every effort to maintain a secure and healthy environment for the students in its care. Students will be supervised and monitored around the clock. All possible preventative measures will be taken, but in the case of accidents, parents will be notified immediately; first priority will be to provide students with necessary emergency medical/dental treatment. This requires parental authorization.

Please complete and sign the form below:

Authorization for Emergency Medical and/or Dental Treatment:

I _____ parent/guardian of _____
 have arranged Medical/Travel Insurance for him/her with the following Insurance Company:
 _____ as per Insurance Policy Reference Number:
 _____ and I give full and unrestricted authorization to **Regime Nutrition and Fitness Advisors and C-Pi® Educational Systems & School Management Services-Dubai, United Arab Emirates**, and **any and all their authorized representatives or representatives of their Switzerland partners or program providers** to approve any and all **emergency** medical and/or dental treatment to my child named above in urgent cases of accident. Please refer to Section E above.

Signature of Parent/Guardian: _____

Dated: ___/___/___

ACADEMIC HISTORY

F. Academic History

Please indicate schools attended by applicant:

School: _____	Attended from: ___/___/___	to: ___/___/___
School: _____	Attended from: ___/___/___	to: ___/___/___
School: _____	Attended from: ___/___/___	to: ___/___/___
School: _____	Attended from: ___/___/___	to: ___/___/___

Grade completed during Academic Year 2017/18: _____

EXTRA-CURRICULAR ACTIVITIES

G. General Activities:

i - Activities:

Included in the boarding package are participation costs for a wide variety of extra-curricular clubs and activities.

If there are any specific extra-curricular activities in which you would *not* like your child to participate, please list them here:

ii - Sports Leagues:

Included in the boarding package are participation costs for sports leagues that are internally organized and supervised by qualified sports instructors.

If there are any specific sports or sport-related activities in which you would *not* like your child to participate, please list them here:

H. Trips:

i – Outings, Trips and Excursions:

Outings are to local leisure activity centers within Verbier Switzerland.

If there are any specific outings, trips or excursions which you would *not* like your child to participate in, please list them here:

BOARDING

I. Boarding Facilities:

- Boarding facilities are available for students aged 7 years to 14 years old.
- Rooms are arranged in a supervised Swiss Chalet style single-sex dormitory structure with no more than 4 students per room with its own bathroom and showers.
- Individual dorms are monitored around the clock. Dorm regulations will apply.
- Laundry will be collected once a week for washing and ironing, and returned within 3 days of collection.
- Students will be required to mark their cloths with a unique student number that will be allocated upon registration.

Full boarding applicants that have friends or relatives in Verbier and would like to spend the weekend with them may do so subject to pre-approval by parents. A written request should be submitted by the hosts at least three days before the start of the required weekend.

Please name authorized friends or family members with whom your child may stay while with us at camp:

Host 1: _____ Tel: _____

Host 2: _____ Tel: _____

J. Hot Meals:

- ❖ Students will be served three meals and two snacks daily.

K. Pocket Money Deposit:

Although boarding is all-inclusive in terms of meals, board and other related expenses, students will require pocket money for snacks, shopping trips, personal needs and so forth. This is of course at the parents' discretion, but the camp sets and collects an average of AED70 per day as a Pocket Money Deposit for each student. This is dispensed once a week, and parents are requested to set the maximum weekly dispensable amount below:

Maximum amount dispensable per week (AED): _____

L. Additional Activities

Additional lessons are available at an extra fee as listed below. These are given by contracted independent instructors, take place both off and on-site, and are available at beginner, intermediate, and advanced levels as required. Please note:

- Horseback riding available for ages 11-14 years only. Lessons in horseback riding are ½ hour long.

Class	Regular Program: 1 lesson/week		Intensive Program: 2 lessons/week		Level required
	Cost for 2 weeks (AED)	Please check as required	Cost for 2 weeks (AED)	Please check as required	
Horseback riding	1,000		1,800		
Tennis	1,000		1,800		
Paragliding	1,300		2,300		
Swimming	1,000		1,800		

M. Fees & Payment

i – Selection of enrollment period:

The camp will run for the duration of the summer holidays. Parents may select **any number** of the following sessions to enroll their boys or girls. Please check required sessions below:

- Session 1** (2 weeks): From **July 01st, 2018** (Arrival and check-in) to **July 14th, 2018** (Departure and check-out).
- Session 2** (2 weeks): From **July 15th, 2018** (Arrival and check-in) to **July 28th, 2018** (Departure and check-out).
- Session 3** (2 weeks): From **July 29th, 2018** (Arrival and check-in) to **August 11th, 2018** (Departure and check-out).

ii – Selection of Type of Program:

The camp will run for the duration of the summer holidays. Parents may select **any number** of the following sessions to enroll their boys or girls. Please check required sessions below:

- English Language Residential Camp** - Fees are **AED18,850/-** per session per student.
 - French Language Residential Camp** - Fees are **AED18,850/-** per session per student.
 - Mountain Adventure Residential Camp** - Fees are **AED18,850/-** per session per student.
- a) Fees for the camp are payable at the time of registration. These include:
- Fees as per section K ii above (includes course/workshop fees, books, stationery, daily meal(s), in-house activities, administrative expenses, trips, admission to venues, property wear & tear, transfer to and from Geneva only).
 - Additional charges for selections made by the parents/guardians as outlined in **Sections K and L** of this form are payable at the time of registration.
- b) Fees once paid are non-refundable. No discounts will be applicable for early withdrawal.

I _____ parent/guardian of _____ hereby declare that I have read, understood and accepted the terms and conditions of enrollment of my child as outlined in **all sections of this application form (4 pages)**, and guarantee that the information submitted in my application is valid and true to date.

Signature of Parent/Guardian _____

Dated: ___ / ___ / ___