

## Wednesday Afternoon English Class Enrolment Form 2019/2020

Course/Time: Please indicate by circling the class your child would like to attend:

**E1/14.45-16.15**

Mrs Bühlmann

**E2/14.45-16.15**

Mrs Warren

**E1/16.30-18.00**

Mrs Bühlmann

**E2/16.30-18.00**

Mrs Warren

Child's Family Name:(1) \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Child's Family Name:(2) \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Starting date (if different from first session of the semester):  
\_\_\_\_\_

### Parent/Guardian

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact telephone number (if different from above):  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_