

APPLICATION FORM - HOLIDAY CAMPS 2020

- Spring Camp: Monday, April 6th - Friday, April 10th, 2020
- Summer Camp: Thursday, July 2nd - Friday, July 10th, 2020

From 9am to 4.30pm

Language to perfect: **English** **French**

Child's last name: _____ Child's first name(s): _____

Nationality: _____ Date of birth: ____ / ____ / ____ Girl Boy

EIB student? yes no Name of the school: _____ Grade in 2019/2020: _____

Level of English: Beginner Intermediate Advanced Native language

Level of French: Beginner Intermediate Advanced Native language

Allergy or health issue:

If deemed necessary by the head of school, I authorize hospital care to be performed on my child in the event of an accident:

yes no

I authorize EIB de La Jonchère to use the photographs taken of my child:

yes no

Please let us know if your child is taking the shuttle option:

yes no

Pickup point: EIB Monceau EIB Lamartine Door-to-door (Hauts-de-Seine/Yvelines)

Name and contact details of persons authorized to pick up my child:

1- _____

2- _____

Name and first name of the guardian(s): _____

Address: _____

Postcode: _____ City/Town: _____ Country: _____

Mobile number: _____ Other phone numbers (home, work...): _____

Email 1: _____

Email 2: _____

Further information will be sent by email.

Please tick the boxes corresponding to the chosen options:

➤ **Spring Camp:**

April 6th - 10th, 2020 : €495

The price includes daily meals (lunch and snacks).

Shuttle option to and from EIB Lamartine or EIB Monceau for 5 days: €110

Door-to-door transport option (Hauts-de-Seine and Yvelines) for 5 days: €180

➤ **Summer Camp:**

July 2nd - 10th, 2020 : €695

The price includes daily meals (lunch and snacks).

Shuttle option to and from EIB Lamartine or EIB Monceau for 7 days: €155

Door-to-door transport option (Hauts-de-Seine and Yvelines) for 7 days: €252

To confirm registration of your child at EIB de La Jonchère's Holiday Camp(s), please return the fully completed application form and **a check:**

- **Payable to "EIB" for EIB de La Jonchère students**

OR

- **Payable to "IFL" for all other students**

to the following address:

EIB de la Jonchère
Chemin du Mur du Parc
78380 Bougival

I shall sign up to a health insurance that covers the extracurricular activities of my child.

Date: _____ / _____ / 2020

Signature of the guardian(s)