

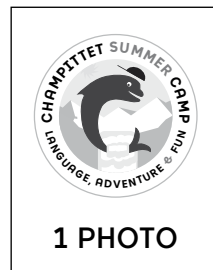


COLLEGE  
**CHAMPITTET**  
FONDÉ EN 1903

## CHAMPITTET SUMMER CAMP 2012 REGISTRATION FORM - PAGE 1/2

Please send this form to: Collège Champittet  
CP 622 - CH-1009 Pully - Switzerland  
Fax: +41 21 721 05 06 - Email: [summercamp@champittet.ch](mailto:summercamp@champittet.ch)

**ONLINE REGISTRATION IS POSSIBLE VIA OUR WEBSITE:**  
[www.summercamp-champittet.ch](http://www.summercamp-champittet.ch)



PLEASE USE CAPITAL LETTERS. THANK YOU

Student's last name: \_\_\_\_\_ Student's first name: \_\_\_\_\_

Sex: M  F  Date of birth (d/m/y): \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport no: \_\_\_\_\_

Date and place of issue: \_\_\_\_\_

Religion: \_\_\_\_\_

Pupil's e-mail: \_\_\_\_\_ Pupil's mobile phone: \_\_\_\_\_

Father's last name: \_\_\_\_\_ Father's first name: \_\_\_\_\_

Mother's last name: \_\_\_\_\_ Mother's first name: \_\_\_\_\_

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

Post code: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's mobile phone: \_\_\_\_\_ Mother's mobile phone: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Exact home address during the child's stay (if different): \_\_\_\_\_

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

Post code: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person or company responsible for paying camp fees: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

Post code: \_\_\_\_\_ Town: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Agency Stamp: \_\_\_\_\_



COLLEGE  
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## CHAMPITTET SUMMER CAMP 2012 REGISTRATION FORM - PAGE 2/2

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Fax: +41 21 721 05 06 - Email: summercamp@champittet.ch



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BEFORE FILLING IN THIS FORM, PLEASE REFER TO THE INFORMATION GIVEN IN THE BROCHURE.

### FINANCIAL CONDITIONS

#### BOARDING SCHOOL

Two weeks fee (Camp A and B): CHF 3'800\*.-

Full camp fee (Camp C): CHF 6'400\*.-

#### DAY SCHOOL

Two weeks fee (Camp D and E): CHF 1'900\*.-

Full camp fee (Camp F): CHF 3'800\*.-

\*CHF 250.- health insurance is mandatory for all students who do not have international coverage

#### CAMP DURATION: Boarding School

01.07.2012 - 15.07.2012  Camp A (first two weeks only)

15.07.2012 - 28.07.2012  Camp B (Last two weeks only)

01.07.2012 - 28.07.2012  Camp C (Full camp)

#### Day School

02.07.2012 - 14.07.2012  Camp D (first two weeks only)

16.07.2012 - 27.07.2012  Camp E (Last two weeks only)

02.07.2012 - 27.07.2012  Camp F (Full camp)

#### LANGUAGE CLASSES:

Level  French  English  
 Beginner  Intermediate  Advanced

#### CHALLENGES TO TAKE UP: During the camps A/C/D/F (first two weeks)

Alpine Challenge

or

Water Challenge

#### During the camps B/C/E/F (last two weeks).

Alpine Challenge

or

Water Challenge

Is the child vegetarian?  Yes  No

#### DOES THE CHILD KNOW HOW TO:

Ride a bike?  Yes  No

Swim?  Yes  No

TRAVEL DATES	ARRIVAL	DEPARTURE
Date:		
Means of transportation (parents, train, air)		
Flight n°		
Exact time		
Do you need a transfer by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### ACCOUNT DETAILS

Banque Cantonale Vaudoise  
CH-1001 Lausanne – Suisse/Switzerland  
IBAN CH61 00767 000R 5234 1608  
SWIFT BCVLCH2LXXX

-10% on the camp fee for any additional child of the same family. Full name of the brother or sister:

I heard about the Champittet Summer Camp from:

**Registration deadline: 30.05.2012**

The parents, undersigned, have read and accepted all the conditions.

Name, date and signature:



COLLEGE  
**CHAMPITTET**  
FONDÉ EN 1903

**CHAMPITTET SUMMER CAMP 2012**  
**MEDICAL CERTIFICATE - PAGE 1/2**



PLEASE HAVE THE FOLLOWING CERTIFICATE COMPLETED AND SIGNED BY YOUR DOCTOR AND RETURNED TO THE SCHOOL. IT IS MANDATORY TO ANSWER ALL QUESTIONS.

Please send this form to: Collège Champittet  
CP 622 - CH-1009 Pully - Switzerland - Fax: +41 21 721 05 06

PLEASE USE CAPITAL LETTERS. THANK YOU

Last name:		First name:		
Date of birth (d/m/y):		Height:	cm	Weight:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Blood group:		

FOR SWISS CITIZENS (Enclose a copy of the insurance)

Accident insurance (company and policy n°):

Health insurance (company and policy n°):

\*CHF 250.- health insurance is mandatory for all students who do not have international coverage

CONTAGIOUS DISEASES (with date):

Mumps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scarlet Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:			Date:		
Chickenpox:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:			Date:		
German measles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whooping cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:			Date:		
Diphtheria:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pneumonia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:			Date:		

Other contagious diseases (tuberculosis, typhus, malaria, etc.):

Tetanus vaccination mandatory (date):

Hepatitis B vaccination recommended



PLEASE HAVE THE FOLLOWING CERTIFICATE COMPLETED AND SIGNED BY YOUR DOCTOR AND RETURNED TO THE SCHOOL. IT IS MANDATORY TO ANSWER ALL QUESTIONS..

PLEASE USE CAPITAL LETTERS. THANK YOU

**OTHER DISEASES:**

Asthma:  Yes  No Diabetes:  Yes  No

Epilepsy:  Yes  No Other: \_\_\_\_\_

Surgery (if yes, when and what): \_\_\_\_\_

Known allergies (aspirin, penicillin, food, pollen, etc.): \_\_\_\_\_

Psychological or psychiatric treatment in progress (if so, what treatment): \_\_\_\_\_

Medical treatment in progress ( if so, please specify dosage): \_\_\_\_\_

The child (last name and first name): \_\_\_\_\_

Is in good health and has not been in recent contact with anyone having a contagious disease.

The child (last name and first name): \_\_\_\_\_

Should be under observation for the following reasons: \_\_\_\_\_

Place and date: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

Doctor's signature and seal:

NB: Health insurance is mandatory in Switzerland and must be recognised by federal authorities. For efficiency and security reasons, the Collège will automatically subscribe a complementary health and accident insurance policy for all students.. Thank you for your co-operation.

**Registration deadline: 30.05.2012**

Place and date: \_\_\_\_\_ Parent's signature: \_\_\_\_\_