



Primary Consent/Registration Form



Schaffhauserstrasse 550
8052 Zürich



+41 44 501 44 44

Child's name: _____ Group: _____

- My contact details may be shared with other families from the same group as my child:

Yes

No

- Throughout the academic year, KIBS takes photographs and video records school activities involving our students which may capture your child's participation, directly or indirectly. These photos may be published on our website, social media pages, school apps (Seesaw and MySchoolAPP), news bulletins, billboards, and ads. We would greatly appreciate you filling out this form to get an understanding of how and where we are permitted to use the photographs and videos of your child which they are in KIBS Daycare taken during the Daycare years.

I authorize KIBS to post videos, photos or recordings of my Child on:

Facebook

Instagram

LinkedIn

KIBS Website

- **Lunch**

Please select the days on which lunch is to be provided by KIBS for a fee of CHF 10.-. The days are calculated at a flat rate per semester.

Lunch from home
provided daily

KIBS lunch
provided

Mo

Tue

We

Thur

Fri

- **Food allergies and requirements:** _____

The lunch menu is posted on our KIBS Zurich App, at the end of the week. A lunch replacement must be provided from home when the planned menu does not meet a particular dietary requirement.

Note: when lunch is provided from home and KIBS Lunch Menu states that dessert is available, dessert is also to be provided from home.

- **Walk Home alone:** I give my consent for my child to walk home alone.

Yes

No

By signing this document, I agree with all statements above and understand that these will apply for the duration of my contract. Should I decide to make any changes, in the future, a new form will be submitted.

Parent/Guardian's name: _____ Date: _____

Parent/Guardian's signature: _____