



MONTESSORI KINDER BARCELONA

ENROLMENT EASTER CAMP 2026

PDF FORM FILLABLE ON COMPUTER

Name of the child

Surname

Second surname

ID number

Place and date of birth

Nationality

Gender

1. Sibling's name

Birthdate

2. Sibling's name

Birthdate

1

Name and surname mother/father/legal guardian

Place of birth and date

Nationality

Address and zip code

Profession and position

E-mail

Mobile phone

Mobile phone with WhatsApp
(if different)

Home phone

Telephone and name of another contact person

2

Name and surname mother/father/legal guardian

Place of birth and date

Nationality

Address and zip code

Profession and position

E-mail

Mobile phone

Mobile phone with WhatsApp
(if different)

Home phone

Telephone and name of another contact person

1. INFORMATION ABOUT SERVICES AND FEES

I am aware of the following services and fees:

Schedules		MKB children or siblings		Children eternal to MKB	
		1° child	siblings	1° child	siblings
Early birds	8:00 a.m. to 9:00 a.m.	20 €	19 €	21 €	20 €
Total of 4 days	9:00 a.m. to 1:00 p.m. (0 to 3 years) incl. lunch	104 €	100 €	109 €	105 €
	9:00 a.m. to 2:00 p.m. (3 to 6 years old) incl. lunch	104 €	100 €	109 €	105 €
	9:00 a.m. to 5:00 p.m. incl. lunch	136 €	132 €	141 €	137 €

2. CONSENT

I agree with the payment of the resulting amount in Euros according to the enrolment and payment conditions that are known to me:

Week/Days	9 a.m. to 1 p.m. (0 to 3 years)	9 a.m. to 2 p.m. (3 to 6 years old)	9 a.m. to 5 p.m.	8 a.m. to 9 a.m. (Early Birds)	Amount in Euros
4 days (30.03 to 02.04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Monday 30.03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuesday 31.03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wednesday 01.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thursday 02.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Total					<input type="text"/>

Enrolment fee: not charged in any case.

3. ENROLMENT AND PAYMENT CONDITIONS

I am aware of the following enrolment and payment conditions:

- 1 Payment will be made by bank transfer.
- 2 Enrolment must be made by means of a form with original signature.
- 3 The amounts paid will not be refunded in case of non-attendance, except for sick leave with medical proof, in which case 50% of the amount paid will be refunded.
- 4 The schedules are fixed divided into two shifts: 9 a.m.-1 p.m. (0 to 3 years) / 9 a.m.-2 p.m. (3 to 6 years) and 9 a.m.-5 p.m.. The children bring breakfast and afternoon snacks from home.
- 5 The Association reserves the right of admission and permanence of children and to not open or to close courses due to lack of places, as well as to change the location if it is convenient.
- 6 Enrolment requires payments to be made as stated in the signed enrolment form and no exceptions of any kind will be made.

4. PAYMENT BY BANK TRANSFER

I agree to pay the amount in Euros corresponding to point 2 by bank transfer to the following account:

Bank	BANCO POPULAR
Swift Code	BSCHEMXX
Iban number	ES86 0075 0136 6306 0069 9601
Account holder	Educación Multilingüe

5. AUTHORIZATION PICK UP

I authorize the following people to pick up my child in addition to the mother, father or legal guardian:

Name and surname	Relationship w/ the child	DNI / NIE / Pasaport	Mobile phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. AUTHORIZATION FOR ANTIPYRETIC ADMINISTRATION

I authorize the administration of an antipyretic (paracetamol) if my child requires it:

Yes From °C

No

Any child who presents the following symptoms will not be accepted to attend the group : temperature above 37.5°C, diarrhea, mouth infections, rashes and other skin changes, conjunctivitis, etc. If the child presents symptoms of illness during their stay in the group, the parents will be notified to pick them up. An antipyretic will be administered if authorized during the period of time until they are picked up by their parents or authorized persons.

At MKB, teachers are only authorized to administer medication in exceptional cases: paracetamol in case of fever and emergency medications in case of allergies, etc. Both cases must be authorized in writing by the parents. The teachers will not perform preventive treatments or long-term treatments. We ask families to reorganize the schedules of these treatments, adjusting the schedules and dose to home schedules.

The child may come back to the group 24 to 48 hours after the absence of symptoms of illness (including diarrhea).

7. FOOD ALLERGIES OR OTHER SYMPTOMS

I declare that my child suffers from the following food allergies or other symptoms that require special attention. (Presentation of a medical certificate is mandatory)

Yes Which?

No

8. SPECIAL NEEDS

I declare that my child requires some type of support to meet their special needs:

Yes Which?

No

9. VACCINATION

I declare that my child is vaccinated following the vaccination schedule of the Barcelona Health Agency or the vaccination schedule of another country.

Yes Following what schedule?

No

MKB does not have the power to mandate vaccination. By law in Spain, vaccination is an individual right, not an obligation.

In case of a contagious disease, the family must inform us so that we can notify the rest of the families and they can monitor the symptoms in their children. In the case of a contagious disease, both vaccinated and unvaccinated children can infect other children.

In the event of a serious contagious disease, notification to the Health Agency is the obligation of the doctor who treats the case. As a center we also contact the Health Agency in cases that families report to us.

10. OUTINGS

I authorize my child to go on group outings at any time when the center so decides, for educational purposes to parks and other places of interest accompanied by the center's staff.

11. PEDIATRICS AND CHILD PSYCHOLOGY / PSYCHOPEDAGOGY SERVICE

I authorize pediatric consultations by video call, as well as observations by the child psychologist or educational psychologist, both services contracted by MKB.

Yes

No

12. AUTHORIZATION FOR THE USE OF IMAGES

MKB has several means of dissemination and reproduction of images where it reports on its pedagogical activities. In these media you can publish images in which children appear, individually or in groups, carrying out the aforementioned activities. Given that the right to one's own image is recognized in article 18.1 of the Spanish Constitution (Spanish Law) and regulated by Organic Law 1/1982 of May 5 on the right to honor, personal and family privacy and one's own image. The management of this center requests consent from parents or legal guardians to be able to publish pictures in which their children appear and in which they are clearly identified.

I authorize my child's image to appear in pictures corresponding to school, complementary and extracurricular activities organized by the school and published for internal use with access to all registered families, such as, for example, the online application for school use such as google classroom app, quarterly presentations in power point format, online or printed booklets, etc.

I authorize that pictures may be reproduced in the following media:	Yes	No
social networks and the center's website	<input type="checkbox"/>	<input type="checkbox"/>
filming intended for non-commercial public dissemination	<input type="checkbox"/>	<input type="checkbox"/>
pictures for magazines or educational publications	<input type="checkbox"/>	<input type="checkbox"/>
flyers and posters	<input type="checkbox"/>	<input type="checkbox"/>
documentation for requesting subsidies	<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONAL DATA

In compliance with Law 15/1999 of December 13 on the Protection of Personal Data, we inform you that your personal data will be entered into our automated personal data file that will be used to manage the relationship with clients as well as to promote MKB activities. To exercise your right of access, modification, cancellation or opposition to your treatment, please do so by email to secretariakinder@gmail.com or in person or by postal mail addressed to the following address: C/ Llatzeret 9, baixos izq., 08005 Barcelona.

14. WHERE HAVE YOU MET US?

15. I CERTIFY THAT MY CHILD WILL PARTICIPATE UNDER MY FULL KNOWLEDGE AND RESPONSIBILITY IN THE COURSE IN WHICH THEY ARE ENROLED. I SIGN IN ACCORDANCE WITH THE ENTIRE CONTENT OF THIS ENROLMENT FORM.

Name of person signing

Signature

DNI/NIE/Passport of the signatory

Place and date