

 **Registration Summer Camp 2023**

**Child’s information:**

**Language/s (Catalan/Spanish/English/German/other):**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **DNI/ NIE/Passport** |  |
| **Date of birth**  |  |
| **Place of birth**  |  |
| **Nationality**  |  |
| **Gender** |  |

|  |  |
| --- | --- |
| **Mother** |  |
| **Father** |  |
| **Spoken between parents**  |  |

**Brothers/sisters:**

|  |  |  |
| --- | --- | --- |
| **Name/s and surname/s** |  |  |
| **Date of birth**  |  |  |

**Legal tutor 1:**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Date and place of birth** |  |
| **Nationality** |  |
| **Address** |  |
| **Occupation**  |  |
| **E-mail** |  |
| **Mobile phone number**  |  |  **Work** |  |  **Home** |  |
| **Another contact’s name and number** |  |

**Legal tutor 2:**

|  |  |
| --- | --- |
| **Name and surname**  |  |
| **Date and place of birth**  |  |
| **Nationality** |  |
| **Address** |  |
| **Occupation** |  |
| **E-mail** |  |
| **Mobile phone number** |  |  **Work** |  | **Home** |  |
| **Another contact’s name and number** |  |

**I agree to:**

**1. The following services and the corresponding fees:**

|  |  |  |
| --- | --- | --- |
|   | **Children enrolled in MKB, former alumni and siblings** | **External children** |
| **Schedule** | **1st child** | **brothers/sisters** | **1st child** | **brothers/sisters** |
| **Early bird** | **08.00 to 09.00 hrs** | 25 € | 24 € | 27 € | 26 € |
| **Per week** | **09.00 to 13.00 hrs****with meal and nappies** | 137 € | 131 € | 143 € | 138 € |
| **09.00 to 13.00 hrs** **with meal and nappies****Week 8\* and 10\*** | 109 € | 105 € | 115 € | 111 € |
| **09.00 to 17.00 hrs****with meal and nappies** | 178 € | 173 € | 185 € | 180 € |
| **09.00 to 17.00 hrs** **with meal and nappies****Week 8\* and 10\*** | 142 € | 138 € | 149 € | 145 € |

* *The schedule for the morning shift for 3 to 6 years old is from 9.00 to 14.00*

**2. The resulting amount in euros to be paid according to the conditions of registration and payment of which I am aware:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week** | **09.00 to 13.00 hrs** **with meal and nappies** | **09.00 to 17.00 hrs****with meal and nappies** | **08.00 to 09.00 hrs** |
| **Week 1 (26.06.23-30.06.23)** |  |  |  |
| **Week 2 (03.07.23-07.07.23)** |  |  |  |
| **Week 3 (10.07.23-14.07.23)** |  |  |  |
| **Week 4 (17.07.23-21.07.23)** |  |  |  |
| **Week 5 (24.07.23-28.07.23)** |  |  |  |
| **Week 6 (31.07.23-04.08.23)** |   |   |  |
| **Week 7 (07.08.23-11.08.23)** |   |   |  |
| **Week 8 \* (14.08.23-18.08.23)** |   |   |  |
| **Week 9 (21.08.23-25.08.23)** |   |   |  |
| **Week 10\* (28.08.23-31.08.23)** |   |   |  |
| **TOTAL** |  | **€** |

*Registration fee: it is not charged in any case.*

*The discounts are not cumulative.*

**3. The following enrollment and payment conditions:**

**a.** The payment will be made by direct debit at the time of registration.

**b.** The registration form must be filled in and signed in paper format.

**c.** The amounts paid will not be refunded in case of non-attendance, except in the case of illness with medical justification, in which case 50% of the amount paid will be refunded.

**d.** The schedules are fixed and divided into two shifts: 9-13 h and 9-17 hrs. The children have to bring breakfast and snacks from home.

**e.** The Association reserves the right of admission and permanence of the children, as well as the right to not open or to close courses due to lack of vacancies and to change the location if convenient.

**4.** **I authorize the amount stipulated above (point 2) to be charged into the following bank account:**

|  |  |
| --- | --- |
| **Bank**  |  |
| **Account number**  |  |
| **Account holder**  |  |

*Families who do not have a bank account in Spain at the moment of registration, should make a transfer to MKB's bank account or pay in cash.*

**International accounts should make transfer to:**

|  |  |
| --- | --- |
| **Bank** | BANCO POPULAR |
| **SWIFT code** | BSCHESMMXXX |
| **Account number**  | ES86 0075 0136 6306 0069 9601 |
| **Account holder**  | Educación Multilingüe  |

**5. I authorize the following people to pick up my child:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and surname**  |  |  |  |
| **Relationship with the child** |  |  |  |
| **DNI/NIE/Passport** |  |  |  |
| **Phone number** |  |  |  |

**6. I authorize the provision of an antipyretic (paracetamol) if my son/daughter needs it:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Yes**  |  |  **From ºC** |  |  **No**  |  |

Children with the following symptoms will not be allowed to enter the centre: fever above 37.5°C, diarrhea, mouth infections, rashes and other skin conditions, conjunctivitis, etc. If the child shows any of these symptoms during his/her stay in KMB, parents will be notified so that they can pick him/her up. An antipyretic (paracetamol) will be administered if authorized during the time until the child is picked up by parents or authorized adults.

The educators in KMB are only authorized to administer medication under exceptional circumstances: any form of analgesics or painkillers in case of fever and any other type of medicine in case of emergency (allergy crisis etc.). In both cases KMB should be provided by an authorization from the parents. The educators will not be in charge of any preventative or long term treatments. We ask families to reorganize the scheduled times to administer these treatments, adjusting it to the schedule and dosage to their home timetable.

**7. I declare that my child has the following food allergies or other symptoms that require special attention: YES/NO**

 *It is mandatory to present a medical certificate.*

**8. My child requires special needs accompaniment: YES/NO**

**9. Is your child vaccinated according to the schedule of vaccines from Agència de Salut of Barcelona? YES/NO**

KMB does not have the authority to force parents into vaccinating their children. By law in Spain vaccinations are an individual right, not an obligation.

In case of a contagious disease, families must inform us so that we can notify the other families and they can monitor the symptoms in their children. In case of a contagious disease, both vaccinated and unvaccinated children can infect other children. In case of a serious contagious disease, it is the duty of the doctor attending the case to notify the Agència de Salut. As a centre, we also contact the Agència de Salut if we are informed of any cases.

**10. Field trip authorization:**

I authorize my son/daughter to go on any group field trip that KMB organizes with a pedagogic aim, such as going to the park or any other place of interest, while accompanied by the school’s staff.

**11. Authorization for the use of pictures:**

KBM uses several media for the publication and reproduction of images to inform about its pedagogical activities. In these media, pictures may be published in which children, either individually or in groups, are shown carrying out the above-mentioned activities. Since the right to one's own image is recognized in article 18. 1 of the Constitution and regulated by Organic Law 1/1982 of 5 May on the right to honour, to personal and family privacy and to one's own image, the direction of this centre requests the consent of parents or legal tutors to publish pictures in which their children appear and are clearly identified.

I authorize that the image of my child can appear in photographs related to school, complementary and extracurricular activities organized by this centre and published in:

-social networks and the school's web page

-photographs intended for non-commercial public distribution

-photographs for educational magazines or publications

-flyers and posters

-photo albums for families

-documentation needed when requesting subventions.

**12. Personal Data Archives:**

In compliance with Law 15/1999 of the 13th of December for the Protection of Personal data we inform you that your personal data will be introduced into our automated files which will be used for the management of the relation with clients as well as to promote the association’s activities. To exercise your right to access, modify, cancel or deny the use of these documents, please e-mail espaiinfantil@gmail.com, come to the school, or send a request by postal service to the following address: Llatzeret 9, bajos izq., 08005 Barcelona.

**13. Where did you hear about us?**

**14. I certify that my son/daughter will participate with my consent and knowledge in this Summer Camp. I hereby agree to all the contents of this enrollment form.**

Barcelona,………………………………………20…………………….

Name and surname:

Signature:

**Annex to the enrollment form: Payments at Kinder Montessori Barcelona.**

**Name of the child:**

Enrollment implies that payments must be made as stated on the signed enrollment form.

No exceptions of any kind will be made in this regard. The payment conditions established in the registration form are not mere formalities, but of crucial importance to the project. The centre's sustainability depends on the fulfillment of the financial commitments made by the families.

Especially in the current economic situation, the Asociación Educación Multilingüe must protect its income in order to be able to continue running the project.

Barcelona,………………………………………20…………………….

Name and surname:

Signature: