

## LITTLE CAMP

Family information									
Tutor 1 (n	ame and	•		DNI/ NIE/					
surname)				Passport					
Tutor 2 (na	ame and			DNI/ NIE/					
surname)				Passport					
INVOICE II	NFORMATION								
Email add	ress:								
Place of re	esidence:			Country:					
Postal add	dress:			Postal code:					
Street/nu	mber								
Telephone	e numbers in case we	e need to contact the family, ir	priority order						
Order	Name	Relationship with the	Telephone	Observations					
		participant	number						
1									
2									
3									

Participant's 1 information								
Name and surname								
Date of birth:	Course done in	n the						
	period 22/23:							
School attended for	Is he/she enro	olled in YES [	NO					
period 22/23	SEIS for the sc							
	year 23/24							

Please, mark t	ark the chosen WEEKS and TIME SLOTS:									
	W1	W2	W3	W4	W5	W6	W7	W8*	W9	W10
	(26- 30/06)	(3-7/07)	(10- 14/07)	(17- 21/07)	(24- 28/07)	(31/07- 4/08)	(7-11/08)	(14- 18/08)	(21- 25/08)	(28/08- 31/08)
MORNING CARE SERVICE (7.45-8.55 am)										
MORNING (9 am -12.30 pm)										
LUNCH (12.30 – 3 pm)										
AFTERNOON (3 – 4.30 pm)										
AFTERNOON CARE SERVICE (4.30 – 5.30 pm)										

Participant's	Participant's 2 information								
Name and surname									
Date of birth:	Course done in the period 22/23:								
School attended for period 22/23	Is he/she enrolled i SEIS for the school year 23/24								

Please, mark t	the chosen WEEKS and TIME SLOTS:									
	W1	W2	W3	W4	W5	W6	W7	W8*	W9	W10
	(26- 30/06)	(3-7/07)	(10- 14/07)	(17- 21/07)	(24- 28/07)	(31/07- 4/08)	(7-11/08)	(14- 18/08)	(21- 25/08)	(28/08- 31/08)
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LUNCH (12.30 – 3 pm)										
AFTERNOON (3 – 4.30 pm)										
AFTERNOON CARE SERVICE (4.30 – 5.30 pm)										

Participant's 3 information						
Name and surname						
Date of birth:	Course done period 22/23					
School attended for period 22/23	Is he/she enr SEIS for the s year 23/24		YES NO			

Please, mark the chosen WEEKS and TIME SLOTS:										
	W1	W2	W3	W4	W5	W6	W7	W8*	W9	W10
	(26- 30/06)	(3-7/07)	(10- 14/07)	(17- 21/07)	(24- 28/07)	(31/07- 4/08)	(7-11/08)	(14- 18/08)	(21- 25/08)	(28/08- 31/08)
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LUNCH (12.30 – 3 pm)										
AFTERNOON (3 – 4.30 pm)										
AFTERNOON CARE SERVICE (4.30 – 5.30 pm)										

Medical information				
Does he/she suffer from a chronic				
illness?				
Does this affect his/her daily routine?				
Does he/she have to take any kind of				
medication?				
Timetables and dose of the treatment				
(attach the DOCTOR'S PRESCRIPTION)				
SPECIAL DIETS				
(gluten, lactose, halal, vegetarian)				
FOOD ALLERGIES AND INTOLERANCES				
Other information				

Authorizations					
I authorize my child to participate in water games and/or swim in the pools that the organization has at the school.	YESO NOO				
I authorize my child to make movements in a private school vehicle if it is necessary because of medical issues.	YESO NOO				
I authorize that all my child's information is available.	YES NO				
I authorize medical decisions in case of extreme urgency on the advice of a professional.	YES NO				
I authorize SOCRATES EDUCA INTERNATIONAL SCHOOL to use the graphic materials (such as photos or videos) derived from the activities in which my child participates during SUMMER PROGRAMMES 2023.	YESO NOO				

Me,		(legal tutor's name and surname) with the ID				
number	as the	(relationship with the participant) authorize				
		(participant's name and surname) to attend the				
activities organised by	SOCRATES EDUCA INTERNATIONAL SCHOOL	during the SUMMER PROGRAMMES which will take place during the				
months of June, July,	August and September of 2023 and I certify	with my signature that all the information contained in this form is				
authentic, extending this general authorisation to the specific ones also contained in the form such as transport, medic						
personal data						

By virtue of the Personal Data Protection regulations, you hereby authorize that personal data provided will be processed under the responsibility of the Escola Internacional del Camp, which is made up of the companies FUNDACIÓ ESCOLA INTERNACIONAL DEL CAMP (G-43731256) and ACTIUS IMMOBILIARIS FUNDACIÓ ESCOLA INTERNACIONAL DEL CAMP SLU (B55543383) who are jointly responsible for the process. The purpose of this process is to manage the services provided to you, this being the legitimizing basis for this process. The data will not be transmitted to third parties except to the competent authorities and will be kept until the end of the provision of services and the responsibilities that may arise therefrom. In any case, you may request revocation of the consent given, as well as exercise the rights of access, rectification or deletion, the limitation of treatment or object, as well as the right to data portability. These requests must be made at Salvador Espriu s / n, 43840 Salou (Tarragona) or lopd@socrateseduca.org. You may also file a claim, if you consider it necessary, before the Spanish Agency for Data Protection or contact the Data Protection Delegate in Salvador Espriu s / n, 43840 Salou (Tarragona) or lopd@socrateseduca.org.

in Salou,		_ 2023		
	Tutor's signature			

Please fill in the form with all participant's information and your SIGNATURE and send it to extraprogrammes@socrateseduca.org

If the participant is not enrolled in Socrates Educa International School, please send these documents too:

- 1. A photocopy of the mother/father/legal tutor's ID
- 2. A photocopy of the participant's ID
- 3. A photocopy of the participant's Health Insurance card

## **PAYMENT METHOD**

If the participants are enrolled in the school, the amount will be charged directly to the bank account number that the centre already has.

If they are not from the school or there is any variation in the payment method or in the bank account number, please indicate us the BANK ACCOUNT NUMBER where you would like us to charge the amount of the hired activities: