

Family information

Tutor 1 (name and surname)		DNI/ NIE/ Passport		
Tutor 2 (name and surname)		DNI/ NIE/ Passport		
Telephone 1:		Telephone 2:		
Email address 1:				
Email address 2:				
City of residence:		Country:		
Postal address: Street/number		Postal code:		
Telephone numbers in case we need to contact the family, in priority order				
Order	Name	Relationship with the participant	Telephone number	Observations
1				
2				
3				

Participant's information

Surnames:		Name:	
Date of birth:		Course done in the period 25/26:	
School attended for period 25/26		Is he/she enrolled in SEIS for the school year 26/27?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please, mark the chosen WEEKS and TIME SLOTS:

	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10
	22/6 - 26/6	29/6 - 3/7	6/7 - 10/7	13/7 17/7	20/7 - 24/7	27/7 - 31/7	3/8 - 7/8	10/8 - 14/8	17/8 - 21/8	24/8 - 28/8
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)										

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 related to the participant's specific needs:	

Authorizations	
I authorize my child to participate in water games and/or swim in the pools that the organization has at the school.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I authorize my child to make movements in a private school vehicle if it is necessary because of medical issues.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I authorize that all my child's information is available.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I authorize medical decisions in case of extreme urgency on the advice of a professional.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 2026.	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 and August of 2026 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, medical, images and 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@escolainternacional.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, _____ 2026

Signature of **both** parents/legal guardians

Please fill in the form with all participant's information and BOTH progenitors' SIGNATURES and send it in person or to extracurricular@socrateseduca.org

Please send these documents too:

1. A photocopy of both progenitors' ID
2. A photocopy of the family book / birth certificate
3. A photocopy of the participant's ID
4. A photocopy of the participant's Health Insurance card
5. A photocopy of the participant's vaccination card

PAYMENT METHOD

Socrates Educa International School Students: Payment via Alexia (This form must also be submitted / sent)

External participants: Advanced payment by credit card or bank transfer to
ES2800810169310001377640

In case of making the payment by bank transfer, it is necessary to send the proof to extracurricular@socrateseduca.org.

Registration will not be valid until payment is made.

CANCELATION POLICY:

Only for a justified reason of force majeure.

In Salou, _____ 2026

Signature of **both** parents/legal guardians

