

# Dallington

## SUMMER SCHOOL

### REGISTRATION FORM 2024

#### **Pupil's information**

Name:

Surname:

Date of birth:

Name of the School the pupil attends:

#### **Requested week or weeks**

	HALF DAY	FULL DAY
<b>First week</b> – From the 24 <sup>th</sup> – 28 <sup>th</sup> June	<input type="checkbox"/>	<input type="checkbox"/>
<b>Second week</b> – From the 1 <sup>st</sup> – 5 <sup>th</sup> July	<input type="checkbox"/>	<input type="checkbox"/>
<b>Third week</b> – From the 8 <sup>th</sup> – 12 <sup>th</sup> July	<input type="checkbox"/>	<input type="checkbox"/>

#### **Extras**

<b>Breakfast Club</b> (from 08:00-09:00)	<input type="checkbox"/>	40€ per week
<b>Play Club</b> (from 16:00-17:00)	<input type="checkbox"/>	30€ per week

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### Dallington Summer Fellows' voluntary intensive programs

	per week	
English-speaking programme	75 €	
Intensive Phonics	75 €	
Math Support	75 €	
Football programme	45 €	
Tennis programme	85 €	
Tag-Rugby programme	45 €	

### Discounts

Enrollment before **1st May**, **10% discount first child, 20% second child**

Large families (3 or more children): **30% discount.**

### Allergies

YES

NO

Observations:

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## Contact information

### **Mother/Legal guardian**

Name:

Surname:

ID:

Address:

Postal Code:

Email:

Phone number:

### **Father/Legal guardian**

Name:

Surname:

ID:

Address:

Postal Code:

Email:

Phone number:

### **Information of emergency contacts**

*(In case of not reaching parents/ legal guardians)*

1. Name

Phone number:

2. Name

Phone number:

Other:

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## People authorised to collect the student.

*(In addition to parents/legal guardians)*

1. Name: ID:

2. Name: ID:

Other:

## English level of the student

Not required for Dallington School students

	Very good	Good	Satisfactory	Bad
Comprehension:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Very good	Good	Satisfactory	Bad
Spoken English:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Student's interests

What areas of interest, activities or hobbies does he/she enjoys the most?



## DATA PROTECTION

For the purposes of compliance with the laws concerning parental or maternal authorisation in the use of images of the minors and in accordance to the law 1/1982, 5th May, related to the right to honor, personal and family privacy and image law, we ask for your permission for the collection of your child's images and videos for the following purposes: record evidence of your child's progress through online educational platforms, website, school social media and school blog.

I/We

Mr.

ID:

Mrs.

ID:

Parents/Legal guardian of:

To this end, I/We hereby sign my/our consent

Signed:

Date:

*En cumplimiento de lo dispuesto en La Ley Orgánica 15/1999, de 13 de diciembre, de Protección de Datos de Carácter Personal, se les informa que los datos personales obtenidos mediante la cumplimentación de este documento pueden ser incorporados, para su tratamiento en un fichero automatizado. Asimismo, que la recogida y tratamiento de dichos datos tienen como finalidad la anteriormente reseñada.*

*De acuerdo con lo previsto en la citada Ley Orgánica, puede ejercitar los derechos de acceso, rectificación, cancelación y oposición dirigiendo un escrito al Director/a de Dallington School S.L., C/ Ronda de Sobradiel, nº 20.- 28043 Madrid*



## **PAYMENT OF THE SUMMER SCHOOL**

To reserve your place, a **reservation fee of 200€ per pupil should be made via transfer** to the account number below; this will only be effective after this form, filled out in full, is also submitted.

**DALLINGTON SCHOOL, SL**

**ACCOUNT** – IBAN ES85 0049 6190 06 2516151712

**EXAMPLE** – STUDENT'S NAME AND SURNAME - SUMMER SCHOOL (*Javier Pérez - Summer School*)

The payment should be made via direct debit the week before the beginning of summer school.

Documentation to be sent via email to [summerschool@dallingtonschool.com](mailto:summerschool@dallingtonschool.com) for registration:

- ✓ Proof of payment.
- ✓ Properly completed Registration Form.
- ✓ Allergy certificate (if necessary).

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## DIRECT BILLING SEPA-CORE

Direct debit order reference

By signing this direct debit order form, you authorize the creditor DALLINGTON SCHOOL SL to send orders to your financial institution to debit your account and to your financial entity to make the corresponding debts in your account in accordance with the creditor's orders.

You do not have the right to be reimbursed by your entity once it has been debited from your account, but you have the right to request that your financial entity not debit your account until the due date for collection of the debt.

### DEBTOR INFORMATION

Name and surname:

ID:

Address:

Postal code:

City:

Country:

Bank account IBAN:

### TYPE OF PAYMENT

**Unique / single payment**

Locality:

Date:

Signature:

### DATA OF THE CREDITOR

Name: **DALLINGTON SCHOOL SL (B87190138)**

Address: **Ronda de Sobradiel 20**

Postal code: **28043**

City: **Madrid**

Country: **España**