



#### KID

Name..... Surname.....  
 Date of birth.....Place of birth.....  
 Social Security Number.....  
 Address..... Postal Code.....City.....

#### MOTHER

Name..... Surname..... SSN.....  
 Phone..... Email.....

#### FATHER

Name..... Surname..... SSN.....  
 Phone..... Email.....

Hereby,..... parent of .....Declares that he/she wishes to enroll his/her son/daughter at the "Le Farfalle APS" campus for the period indicated below

#### JUNE

1° Week 09-13 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 2° Week 16-20 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 3° Week 23-27 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package

#### JULY

1° Week 30-4 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 2° Week 7-11 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 3° Week 14-18 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 4° Week 21-25 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 5° Week 28-1 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package

#### AUGUST

1° Week 4-8 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 2° Week 11-14 ☐ Morning ☐ Morning+Lunch ☐ Full Day ☐ 3 Days package  
 3° Week 18-22 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 4° Week 25-29 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package

#### SEPTEMBER

1° Week 1-5 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package  
 2° Week 8-12 ☐ Morning ☐ Morning +Lunch ☐ Full Day ☐ 3 Days package

#### ENTER TO THE SUMMER CAMP FROM 07.45 TO 09:00

#### KIDS 3 - 5 YEARS

TIME	WEEKLY COST	MONTHLY COST (4 WEEKS)	*3 DAYS PACKAGE
07:45 - 13:45	100 €	380 €	60 €
07:45 - 17:00	130 €	500 €	90 €

#### KIDS 6 - 10 YEARS

TIME	WEEKLY COST	MONTHLY COST (4 WEEKS)	*3 DAYS PACKAGE
07:45 - 13:45	75 €	280 €	55 €
07:45 - 17:00	100 €	380 €	80 €

#### KIDS 11 - 14 YEARS

TIME	WEEKLY COST	MONTHLY COST (4 WEEKS)	*3 DAYS PACKAGE
07:45 - 13:45	60 €	200 €	40 €
07:45 - 17:00	80 €	250 €	60 €

Second Child 10% Discount - third Child 15% Discount (Only Monthly Subscription)

10% Discount for groups

\*In the case of a "3 Days package", the days of the following week in which the child will attend the summer camp must be communicated by Friday of the current week.

\*\* All packages: in case of absence the day can be recovered only with a medical certificate or if previously agreed with the association

**REGISTRATION FEE AND ANNUAL INSURANCE: 30 EURO**

**EXTRA COST**

- ☐ SNACK ☐ SNACK WITH CAMPUS (1€) ☐ SNACK FROM HOME  
☐ LUNCH ☐ LUNCH 1 (4€) ☐ LUNCH 2 (6€)  
☐ SWIMMING COURSE

ALL PAYMENTS MUST BE MADE IN ADVANCE FOR THE ENTIRE PERIOD REQUESTED VIA:

- ☐ BANK TRANSFER
- TO: LE FARFALLE APS
  - IBAN: IT56E0303215401010000001360
- ☐ CASH

**DOCUMENTS TO BE ENCLOSED**

- ☐ TESSERA SANITARIA REGIONALE del bambino/a  
☐ COPY OF ID / PASSPORT PARENT RESPONSIBLE FOR SIGNATURE  
☐ SELF-CERTIFICATION OF HEALTHY AND ROBUST CONSTITUTION AND ABSENCE OF PATHOLOGIES  
☐ INDICATE ANY ALLERGIES / INTOLERANCES

Parents must provide the following material in backpack's kids

- Bottle of water
- Snack (if you decide to bring from home)
- High protection sunscreen
- Beach towel
- Second swimming pants
- Bag for storing wet swimsuit

Children are free to bring their own toys but the Campus assumes no responsibility in case of loss or damage.

**FOTO AND VIDEO AUTHORIZATION**

☐ I AUTHORIZE ☐ I DON'T AUTHORIZE the Association to reproduce the image of the minor and to use this image for educational purposes and to document the activity carried out within the Summer Camp in accordance with the law n. 633/1941.

**PERSONAL DATA**

Personal data will be used by the Association "Le Farfalle APS" in full compliance with the fundamental principles, dictated by Directive 95/46/CE of the European Parliament relating to the protection of natural persons.

**The Child will be released only to authorized persons**

**PERSONS AUTHORIZED TO TAKE THE CHILD**

The undersigned..... authorizes the following people to take their child:

Surname and Name.....

Surname and Name.....

The responsibility of "Le Farfalle APS" ceases when the minor is entrusted to the delegated person

**Date**

**Signature**

.....

.....

\*The association Le Farfalle APS reserves the right to terminate this contract if it notices the impossibility of fulfilling it in the best way possible with the refund of the amount paid proportionally to the service not enjoyed.