

REGISTRATION SUMMER CAMP 2021

YOUR CHILD'S FIRST AND LAST NAME: _____

GRADE: _____

EMAIL ADDRESS: _____

CONTACT PHONE NUMBERS: _____

I (FATHER/MOTHER/LEGAL REPRESENTATIVE) _____

WITH DNI/NIE: _____

Authorize my son/daughter _____

to participate in the JOHN TALABOT SUMMER CAMP 2021 and in all of its activities and excursions outside of the facilities of Col.legi John Talabot that are set to take place during the given camp.

WHAT DO WE NEED TO KNOW ABOUT YOUR CHILD'S SWIMMING LEVEL OR ANYTHING YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD:

FEES 170€/week - Minimum 20 children for weekly opening

WEEK 28 – 2 JULY

WEEK 5 – 9 JULY

WEEK 12 – 16 JULY

WEEK 19 – 23 JULY

Return this form printed or by mail to groig@johntalabot.com

We must have confirmation by May 14th.

The reservation fee is 170€.

The remaining amount must be paid the first week of June.

Please, attach a copy of your proof of payment with your child's name or make the payment in cash in School Reception.

TRANSFER DETAILS: LLORACH TRES SL (serveis educatius) ES03 0019 0058 72 4010022704

Signature:

Barcelona, the _____ of _____ of 2021