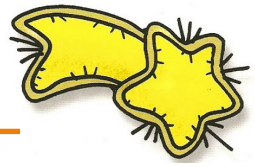
KIDS CAMP Christmas 2025



Registration form

- On December 22, 23, 24, 29, 30 and 31.
  By days!
- For kids from 4 to 13 years old, grouped by age.
- An opportunity to discover and experience dancing and music.
- Different instrument workshops, dance styles and other activities.
- Schedule and prices per week: 9-13.30h 32€
  9-15.30h (lunch included) 47€
- Discounts: -10% for Luthier students, siblings -10% if you enroll 20 days in advance. (Maximum -20%).
- What do you need to bring? Comfortable clothes, sneakers with socks and a water bottle. Escola Luthier provides the instruments and most of the necessary material. We also provide fruit, water, biscuits and chocolate for breakfast but we recommend that you pack your own breakfast.

REGISTRATION FORM

Name and Surname_____Date of birth_____

Address_____Postal code_____City_____

E-mail_____Telephone 1_____

Telephone 2_____DNI/NIE_____School grade_____

I, _____, as father/mother/tutor, wish that my son/daughter enrolls in Casal Estiu 2023 and state that I know and accept the conditions stablished by Escola Luthier de Música i Dansa.

DNI/NIE _____ Date_____ Signature:_____

ESCOLA LUTHIER MÚSICA & DANSA

REGISTRATIONS:

- Spots are given by order of registration.

- The registration will not be considered finished if the payment has not been made 7 days before the start of the Christmas Camp.

- The fee will be payed in cash or card in the secretary of Escola Luthier Dansa or by bank transfer* to the following bank account: ES98 0049 3078 3127 1415 6268 or through our website.

**We don't send payment confirmation. We will only contact you if we have not received the payment.*

- Cancellations: the 80% of the total fee will be refunded if it's comunicated to the secretary 7 days before the start of the Summer Camp. Once the Christmas Camp starts the money will not be refunded.

- The organization reserves the right to make changes to the program if the teaching team deems it convenient for the students.

- We ask parents to check the kids heads to avoid lice at the Christmas Camp.

- We ask parents to mark the clothes with name and surname.

- I authorize the school to take photographs or videos of summer camp activities for families' private use.

☐ YES ☐ NO

- I authorize the school to take photographs or videos of the summer camp activities for the school's commercial use. These images will never be shared with third parties.

☐ YES ☐ NO

DOCUMENTATION:

- Fotocopy of the medical card (TSI).
- Registration form filled and printed.
- Medical needs form and allergies.

Choose the day/s and schedule:

☐ December 22	Schedule: de 9 a _____
☐ December 23	Schedule: de 9 a _____
☐ December 24	Schedule: de 9 a _____
☐ December 29	Schedule: de 9 a _____
☐ December 30	Schedule: de 9 a _____
☐ December 31	Schedule: de 9 a _____

Does he/she/they play an instrument?_____ Which one?_____
Level_____
Does he/she/they practice any dance style?_____ Which one?____
Level_____

ESCOLA LUTHIER MÚSICA & DANSA

ESCOLA LUTHIER DE MÚSICA I DANSA
Casal artístic Nadal 2025

FITXA DE NECESSITATS MÈDIQUES I AL·LÈRGIES CONEGUDES DE L'ALUMNE/A

ALUMNE/A_____

Data de naixement_____

Malalties que té sovint	
Mal de panxa	
Mal de cap	
Otitis	
Angines	
Faringitis	
Refredats	
Hemorràgies	
Enuresi	
Mareigs	

És al·lèrgic a algun medicament? _____
En cas afirmatiu, a quin? _____

És al·lèrgic a algun menjar? _____
En cas afirmatiu, a quin? _____

Té algun tipus d'al·lèrgia? _____
A què? _____

S'ha posat totes les vacunes que li pertoquen segons el calendari de vacunes?_____

Data de l'última dosi antitetànica _____

Li cal prendre algun medicament durant l'estada a l'esplai?_____
Quin? _____

Telèfons de localització dels pares/tutors a qualsevol hora del dia_____

_____, _____ d _____ de 20 23

Nom _____ **Signat:**

Escola Luthier de Música i Dansa C/ Balmes, 53 08007 Barcelona Tel. 93. 451.31.38
dansa@luthierdansa.com

MEDICAL NEEDS FORM AND KNOWN ALLERGIES

Name and Surname_____
Date of birth_____

- Is he/she/they allergic to some medicine?_____
  If yes, which to?_____

- Is he/she/they allergic to some food?_____
  If yes, which to?_____

- Does he/she/they have any other allergies?_____
  If yes, what to?_____

- Is he/she/they vaccined with all the vaccines on the vaccination calendar?_____
  Date of the last antitetanus dose_____

- Does he/she/them need to take any medication during the Summer Camp?_____
  If yes, which one?_____

Contact telephone numbers to locate the father/mother/tutor at any given time of the day (please make sure to specify who it belongs to).

_____ _____

_____ _____

Barcelona,_____ of_____2025

Name_____ Signature_____

CASAL ARTÍSTIC NADAL 2025

ESPLAI NENS I NENES ESTIU 2013

Autoritzo a l'Escola Luthier de Música i Dansa a prendre les decisions medicoquirúrgiques que calgui, en cas d'extrema gravetat, sota la direcció facultativa pertinent i només en el cas de no poder contactar amb els familiars.

Nen/nena: _____ Edat: _____

Telèfon de localització dels pares o tutors (Indiqueu, si us plau, a qui pertanyen)

_____ _____

_____ _____

Signat pare/mare/tutor: _____

Barcelona, _____ de _____ de 20 25

SUMMER CAMP 2025

I authorize l'Escola Luthier de Música i Dansa to make the necessary medical-surgical decisions in cases of extreme severity, under the pertinent medical direction and only in case of not being able to contact the family members.

Name and Surname _____

Date of birth_____

Contact telephone numbers to be able to locate parents/guardians at any time of the day (please indicate who they belong to.

_____ _____

_____ _____

Barcelona,_____ de_____ del 2025