

# KIDS CAMP Summer 2026



## Registration form

- For children ages 4 to 12, grouped by age, from June 29 to July 31, 2026, and from August 31 to September 4.

### By weeks!

- For teens ages 13 to 16, from June 29 to July 17, 2026.
- An opportunity to discover and experience dancing and music.
- Different instrument workshops, dance styles and other activities.
- Schedule and prices per week:
  - 9:00 AM–1:30 PM €148
  - 9:00 AM–3:30 PM (with lunch) €208
  - 9:00 AM–5:00 PM (with lunch) €244
- Discounts: -10% for Luthier students, siblings, -10% enrollment more than two weeks -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.

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## 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 2026 and state that I know and accept the conditions established by Escola Luthier de Música i Dansa.

DNI/NIE \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_



## 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 Summer 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 starting date. Once the Summer 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.
- 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.

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Choose the day/s and schedule:

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> June 29 (Week 1)   | Time: 9 a.m. to _____ |
| <input type="checkbox"/> July 6 (Week 2)    | Time: 9 a.m. to _____ |
| <input type="checkbox"/> July 13 (Week 3)   | Time: 9 a.m. to _____ |
| <input type="checkbox"/> July 20 (Week 4)   | Time: 9 a.m. to _____ |
| <input type="checkbox"/> July 27 (Week 5)   | Time: 9 a.m. to _____ |
| <input type="checkbox"/> August 31 (Week 7) | Time: 9 a.m. to _____ |

Does he/she/they play an instrument? \_\_\_\_\_ Which one? \_\_\_\_\_

Level \_\_\_\_\_

Does he/she/they practice any dance style? \_\_\_\_\_ Which one? \_\_\_\_\_

Level \_\_\_\_\_



## 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 vaccinated 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 \_\_\_\_\_ 2026

Name \_\_\_\_\_ Signature \_\_\_\_\_



## SUMMER CAMP 2026

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 2026

## SUMMER CAMP 2026

### AUTORISATION TO GO HOME BY HIMSELF/HERSELF

I, \_\_\_\_\_, with ID number  
\_\_\_\_\_, mother/father/guardian of \_\_\_\_\_  
\_\_\_\_\_, authorize my child to go home by him/herself at the end of their activities according to the time agreed upon at registration.

Signature: \_\_\_\_\_

Barcelona, \_\_\_\_\_ 2026