



REGISTRATION FORM

Weeks: 1st 2nd 3rd 4th 5th

25/6 1/7 8/7 15/7 22/7

Child's details	
Name and surname:	
Date of birth:	
Father's name:	Tel:
Mother's name:	Tel:
Address:	Street/Number:
	Area:
	Postal Code: Town:
Contact details:	<u>House tel. number:</u> <u>Email:</u>

Contact details of persons who will pick up/bring the child:

A.A	Name and Surname	Relationship to child	Time of arrival	Time of departure
1				
2				
3				

In case of an emergency, please provide the names of other persons we should contact, in order of priority.

A.A	Name and Surname	Relationship to child	Telephone number
1			
2			
3			

Please answer the following questions:

<p>Is your child allergic to anything or has any kind of medial/psychological condition that we must be aware of? <i>(If Yes, please use the box to the right to provide the details).</i></p>	<p>No: <input type="checkbox"/> Yes: <input type="checkbox"/></p>
<p>Does your child have any learning difficulties or any other issues that we must be aware of? <i>(If Yes, please use the box to the right to provide the details).</i></p>	<p>No: <input type="checkbox"/> Yes: <input type="checkbox"/></p>
<p>Does your child have any knowledge of music or musical instruments? <i>(If Yes, please use the box to the right to provide the details of the instrument and the level of knowledge)</i></p>	<p>No: <input type="checkbox"/> Yes: <input type="checkbox"/></p>
<p>Does your child have any knowledge of dance? <i>(If Yes, please use the box to the right to provide the details of the dance type and the level of knowledge)</i></p>	<p>No: <input type="checkbox"/> Yes: <input type="checkbox"/></p>

**If you have any friends/ children that you would like to be in the same group as your child please mention them here (up to 2 people):* _____

**To reserve a place for the summer school, we kindly ask for the deposit of 150€ along with this registration form. Please return this form in person or via email at: secretary@futureacademyofarts.com*

**By signing this form, I accept that my details will be collected by Future Academy of Arts according to the provisions of the Law on the Protection of Natural Persons Against the Processing of Personal Data and the Free Circulation of such Data Law of 2018 (Law 125(I)/2018)). I also agree that my child will take part in any kind of promotional activity of the Academy, without any requirements.*

Signature of parent/guardian: _____

Full name of parent/guardian: _____