

"Lasciate che i piccoli vengano a me"

Piazza Roma 4 - BOLZANO VICENTINO
Tel 0444-350177 email: info@mondoinfanzia06.it
www.mondoinfanzia06.it

SECOND ADDITIONAL REGISTRATION FORM
APPLICATION FORM
(To be filled in CAPITAL LETTERS)

The undersigned

father
Last name Name mobile email

mother.....
Last name Name mobile email

ASK FOR THEIR SON/DAUGHTER

Child
Last name First Name

Date of born..... **State** **Nationality**.....

codice fiscale (italian social security)

address.....

to register the child with this school for the school year 2024/25

for class: *It is mandatory to indicate the CLASS preference*

Spring **Traditional** **Bilingual**
(children born from (heterogeneous) (heterogeneous)
February to August 2022)

STATE THAT:

- 1) We acknowledge that the school is open to everyone according to Italian law 62/2000, regardless race, gender and religion.
- 2) We acknowledge that the foundation of the school's educational approach is a blend of human and Christian values. The Catholic religion is well integrated in the school's educational program; therefore, we understand that Catholic religion is part the school's teaching, following the State guidelines, while fully respecting each child's beliefs.
- 3) We received the school regulations and guidelines, particularly the regulations concerning the school organization.
- 4) We are aware that there must be mutual understanding and respect between the parent and the school in order for the child to obtain the full benefit of the education the school provide, and that the school expects parents to actively participate.
- 5) We are aware that the monthly payment for school year 2023/24 will be: 290 euro every month for the spring, 185 euro every month for the heterogeneous class and 235 euro for the bilingual heterogenous class; for 10 monthly payments, to pay to the school by the 10th of each month, starting on September2024 through June 2025 included.
- 6) We are aware that the sign-up fee is 100 euro in case of withdrawal of the registration, the fee will not be refunded.

7) We are aware that the school takes into consideration that children with certified medical conditions that require particular dietary restrictions have the right to benefit from a diversified diet. It is however always necessary to make the school aware at the time of enrollment and also provide the school with a medical certificate stating the condition. This certificate will be requested at the beginning of each school year.

Date Signature of both parents (*) Father

Mother

(*) This form needs to be signed by both parents. If only one signature is present we will assume that this school choice is shared by both parents.

INFORMATIVA D. Lgs.vo "PRIVACY CODE" Regolamento Europeo 2016/679 27/04/2016

As defined by the law, article 13, by the European Regulation 2016/679 regarding the protection of personal information, the school will treat personal information of the students and of their parents and guardians, such as the ones concerning physical and mental health and religious affiliation, exclusively for the management of the requested service, as well as to the training and educational purposes and administrative obligations, and will also be carried out with the use of IT tools, within the limits necessary to pursue the above mentioned purposes. The confidentiality and security of the collected data will be guaranteed.

The personal information may be communicated, according to the regulations in force and for what is within the competence, to the School Authorities and other recipients by law and regulation, to local health care facilities, to public or private organizations that collaborate with the school, to the transportation companies and those who provide food catering, to insurance companies with which the insurance policies were stipulated and, upon specific request, to any other schools in which the pupils were to be transferred. The personal data of the students can be communicated to the administration offices of the museums, exhibitions and other subjects that request them during tours and school field trips.

The data may be brought to the attention of individuals in charge of internal or external processing, whether they are employees, collaborators, or external entities. The provision of personal information is mandatory for the right performance of services and failure to provide it, would make it impossible to perform them. The personal information will not be disclosed to third parties, other countries or international organizations outside the European community. The data will be stored for a period of time not exceeding the time necessary for the pursuit of the purposes for which they are collected and processed and, in any case, in compliance with the terms of conservation required by current regulations.

The rights provided for by the abovementioned regulation are recognized to the interested parties, specifically the following:

. the right to access their personal information, to request correction, updating and rectifying, if incomplete, erroneous or collected in violation of the Law, as well as to oppose their processing for legitimate reasons.

. the right to withdraw the consent at any time without prejudice to the lawfulness of the processing carried out before the revocation.

. the right to data portability

. the right to file a complaint with the supervisory authority.

These rights may be wielded by submitting a request to the holder of personal information, Scuola dell'Infanzia **Lasciate che i piccoli vengano a me**, Parrocchia **S. Maria Bolzano Vicentino** Piazza Roma 4 - 36050 Bolzano Vicentino (VI)

Bolzano Vicentino, December 07th, 2023

The Legal representative of the Scuola dell'Infanzia

Lasciate che i piccoli vengano a me



Alina Cons. Ferraro

Act of consent to data processing

The undersigned:

father _____ born on _____ the _____

mother _____ born on _____ the _____

parents (or guardian) of the child

_____ *(first and last name of the child)*

_____ *(born on..... the)*

DECLARE: I received a copy of this pamphlet and GIVE their consent to provide and share personal information in accordance with what is written above.

Bolzano Vicentino, _____

Signature _____

Bolzano Vicentino, _____

Signature _____

FAMILY INFORMATION

The undersigned parents of the child.....*(Child's last and first name)*

Child's codice fiscale *(italian social security)*.....

STATE THAT

The family in which the child lives is made up by:

Last and first name of family member <i>(CAPITAL LETTERS)</i>	Place and date of birth of family member		Relationship to the child <i>(father-mother-sister-brother-other)</i>	Marital status <i>(married-single-divorced-other)</i>
	Place	Date		

That the **CHILD**

That the child has siblings in the same school or nursery (Asilo Nido Il Melograno) in the school/educational year to which the enrollment refers: YES NO

Did your child attend any school before this one?

Nido YES NO (If so, which one.....)

Other school YES NO (If so, which one

He will make use of the teaching of the Catholic Religion YES No

If YES, even if he/she follows another Religion, indicate which one:

If Not, Declare that they belong to the following other Religion

That the **FATHER** has parental rights YES NO

Location of employment:

That the **MOTHER** has parental rights YES NO

Location of employment:

That the monthly fee will be paid by: Father Mother Both Other

HEALTH INFORMATION

The undersigned parents of the child(Child's last and first name)

Child's codice fiscale (italian social security).....

Based on the rules on streamlining of the administrative activity and aware of the responsibilities they face in the event of a declaration that does not correspond to the truth

STATE THAT

The child has a disability or requires specific care for chronic diseases

YES NO (If yes, please fill in form 8 ULSS which can be requested from the Administration Office and returned in a sealed envelope)

The child has pathologies and / or diseases that require special attention / assistance interventions

YES NO (If yes, please present ULSS certification)

The child has any specific allergies and/or food intolerances

YES NO (If yes, please present ULSS certification and doctor's note)

The child needs life-saving medication

YES NO (If yes, please fill up authorization on page 6)

The child pediatrician is

FOOD INFORMATION

The parent is aware that in order to ensure an alternative menu from the kitchen service, it is necessary to fill in the MO.SC 36 Attachment 3 form which can be requested from the secretariat

The undersigned parents of the child(Child's last and first name)

Child's codice fiscale (italian social security).....

STATE THAT:

- Follows a VEGETARIAN DIET (milk/egg/vegetarian)
- Follows a VEGAN DIET (completely free from foods of animal origin)
- Follows a particular diet for ETHICAL/RELIGIOUS REASONS which provides for the exclusion of certain foods.

PERMISSIONS

The undersigned parents of

(child's first and last name)

(child's codice fiscale)

Based on the rules on streamlining of the administrative activity and aware of the responsibilities they face in the event of a declaration that does not correspond to the truth

Release the following authorizations

"To give my child lifesaving medicines"

(we ask you to complete the ULSS form, available at the school secretary's office)

- YES NO

"To take pictures and videos of children"

I authorize the school to take video and pictures during school activities and special occasion (school parties, field trips...etc..).

These items may be displayed in the school in order to demonstrate the activities performed

- YES NO

I authorize that other parents may take pictures/videos of the children during school parties or field trips.

- YES NO

I authorize the school to use pictures/videos for training purposes and during parent/teacher conferences.

- YES NO

The undersigned declares that any video/picture taken during school events (parties, school recitals, field trips etc.) taken by myself, by my child or by my family members and friends will only be shared between family and close friends. It will not be posted on the internet. The school will not be held responsible.

“School religious and field trips”

I give consent for my children to participate in school field trips:
YES NO

Teachers are responsible for the general wellbeing of the child during field trips. Refer to law nr. 2047/ art. 61 111/07/1980 n. 312 for more information.

Date _____ Signature _____

Date _____ Signature _____

APPOINT THE FOLLOWING PEOPLE TO PICK UP THE CHILD FROM SCHOOL FOR S.Y. 2024/2025

The undersigned parents of the child(Child’s last and first name)

Child’s codice fiscale (italian social security).....

Based on the rules on streamlining of the administrative activity and aware of the responsibilities they face in the event of a declaration that does not correspond to the truth

This proxy relieves the school from any responsibility and authorizes the teachers to allow the individuals indicated below to pick up the child until otherwise notified (include an identification card)

First and last name	Relationship

Date _____ Signature _____ -

Date _____ Signature _____ -