

#### ALLA DIREZIONE

# DELL'ASILO NIDO "Il Melograno" SCUOLA DELL'INFANZIA PARITARIA "Lasciate che i piccoli vengano a me

CUOLA DELL'INFANZIA PARITARIA "Lasciate che i piccoli vengano a m Piazzale Oppi,5 - BOLZANO VICENTINO Tel 0444-350177 - 0444-1429796

# SECOND ADDITIONAL REGISTRATION FORM APPLICATION FORM

The und	lersigned			
□father				
	Last name	Name	mobile	email
□mothe	e <b>r</b> Last name	Name	 mobile	email
	Last Hairie	Name	mobile	ептан
		ASK FOR THEIR SON	/DAUGHTER	
Child		Last name	First Name	
Date of	born	State	Nationa	lity
codice f	iscale (italia	an social security)		
addres	S			
а	sk to regi	ster the child with this scho	ol for the school	vear 2023/24
	5	with the selected time		•
	□FU	LL TIME	from 7:30 to 16:00	
	□PA	RT TIME – mornings only	from 7:30 to 12:30	
	□PA	RT TIME – 3 days a week	from 7:30 to 16:00	
	□ LA <sup>-</sup>	TE PICK UP – in addition to full time	from 7:30 to 18:00 (	optional pick up at 17:00)

#### **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: 275 euro every month for the spring, 175 euro every month for the heterogeneous class and 225 euro for the bilingual heterogeneous class; for 10 monthly payments, to pay to the school by the 10<sup>th</sup> of each month, starting on September2023 through June 2024 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.

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7)	We are aware that the school takes that require particular dietary rest however always necessary to make school with a medical certificate s beginning of each school year.	rictions have the right to ben the school aware at the time of	efit from a diversified diet. It is of enrollment and also provide the
	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. Lqs.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 quaranteed.

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 14th, 2022

The Legal rappresentative of the Scuola dell'Infanzia

Lasciate che i piccoli vengano a me

d'in com parosi-Pagina 2 di 8 Rev. 05 rizione

## Act of consent to data processing

ather	born on		the	
nother				
arents (or guardian) of the				<u> </u>
(first and la	est name of the child)	_	(born on the)	
ECLARE: I received a copy of to accordance with what is writ		ir consent	to provide and share per	sonal information
olzano Vicentino,	Si	gnature		
	FAMILY IN	ORM	ATION	
The undersigned parents of the conditional child's codice fiscale (italian)				
	social security)			
hild's codice fiscale ( <i>italian</i>	social security)STATE			
	social security)STATE	E THAT		
hild's codice fiscale (italian he family in which the child Last and first name of family member	STATE lives is made up by:  Place and date of I family members	E THAT	Relationship to the child (father-mother-sister-	Marital status  (married-single-
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hild's codice fiscale (italian he family in which the child Last and first name of family member	STATE lives is made up by:  Place and date of I family members	E THAT	Relationship to the child (father-mother-sister-	Marital status  (married-single-

Did your child attend any school before this one?	
Nido □YES □NO (If so, which one	)
Other school $\Box$ YES $\Box$ NO (If so, which one	)
He will make use of the teaching of the Catholic Religion	on □YES □No
If YES, even if he/she follows another Religion, indicate	
If Not, Declare that they belong to the following other R	Religion
☐ That the <b>FATHER</b> has parental rights ☐ YES ☐ NO Location of employment:	
☐ That the <b>MOTHER</b> has parental rights ☐ YES ☐ NO Location of employment:	
$\square$ That the monthly fee will be paid by: $\square$ Father $\square$ Monthly	ther $\square$ Both $\square$ Other
HEALTH INFORMA	ATION
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 th	ne event of a declaration that does not correspond to the truth
STATE THAT	
☐ The child has a disability or requires specific care for chr	onic diseases
□ YES □ NO (If yes, please fill in form 8 ULSS which can be	
and returned in a sealed envelope)	
. ,	
☐ The child has pathologies and / or diseases that require ☐ YES ☐ NO (If yes, please present ULSS certification)	e special attention / assistance interventions
☐ The child has any specific allergies and/or food intoleran	ces
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	on 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

· .	(Child's last and first name)
Child's codice fiscale (italian social security)	
STATE THAT:	
<ul> <li>Follows a VEGETARIAN DIET (milk/egg/v</li> <li>Follows a VEGAN DIET (completely free f</li> <li>Follows a particular diet for ETHICAL/REL certain foods.</li> </ul>	
PERM	MISSIONS
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 responsi	bilities they face in the event of a declaration that does not correspond to the truth
Release the foll	lowing authorizations
(we ask you to complete the ULSS form, available YES NO  "To take pictures and videos of children"	at the school secretary's office)
I authorize the school to take video and pictor (school parties, field tripsetc).	ures during school activities and special occasion
These items may be displayed in the school	in order to demonstrate the activities performed
□YES □NO	
I authorize that other parents may take pict or field trips.	cures/videos of the children during school parties
	cures/videos of the children during school parties
or field trips.  □YES □NO	cures/videos of the children during school parties for training purposes and during parent/teacher
or field trips.  □YES □NO  I authorize the school to use pictures/videos	

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#### "School religious and field trips"

I give consent  □YES □NO	for my children to participate	e in school field trips:
Teachers are r		rellbeing of the child during field 111/07/1980 n. 312 for more
Date	Signature	
Date	Signature	
<b>Th</b> ne undersigned pa	rents of the child	WING PEOPLE TO PICK UP HOOL FOR S.Y. 2023/2024  (Child's last and first name)
		sibilities they face in the event of a declaration that does not correspond to the truth
his proxy relieves t	below to pick up the	v and authorizes the teachers to allow the individuals indicate child until otherwise notified in identification card)
First a	nd last name	Relationship
	+	
ita	Signaturo	
ate	Signature	

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#### INFORMATION FOR THE ADMISSION RANKING

Filled up by the applicant taking into account the situation at the start date

☐ INFANTS (3-12 MONTHS) ☐ INFANTS (weaned) (12-36 MONTHS)	
1. FAMILY UNIT: COMPOSITION AND WORKING SCHEDULES	
□ parents both full-time workers □ working parents, one full-time and the other part-time □ working parents both part-time □ one working parent the other not employed □ in addition to the student, other n dependent children: for each child □ if there are siblings at the Scuola dell'Infanzia or Nido in the current year □ children with certified disabilities than the first on the ranking list  In the event of a tie, a further ranking will be drawn up, sorted by date of bin	2 points 1 points
SPACE TO BE FILLED IN BY THE ADMINISTRAT  ☐ domanda presente nella lista d'attesa del precedente anno educativo  PUNTI TOTALIZZATI	punti <b>1</b>

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