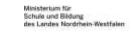


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Ministerium für Kinder, Familie, Flüchtlinge und Integration des Landes Nordrhein-Westfalen







REGISTRATION FORM

Autumn break language camps for Sec. I and vocational school students with German as a second language

Dates: 2 to 13 August 2021, every Monday to Friday, 5 hours a day

Time: 9:00 am to 2:00 pm (specific details provided when registration is confirmed)

Location: In your area (specific details provided when registration is confirmed)

1. Personal details (please print legibly)

Last name, first name		Date of birth (DD/MM/YYYY)
Characteristics		
Street address		
I		
Postal code, town/city		
Telephone		
What languages do you speak?		Have you ever participated in a language camp before?
School details (please print legibly)		
What school do you attend?		
What school year are you in?		How long have you lived in Cormany
What school year are you in?		How long have you lived in Germany (please specify the month and year
Costs		you moved here)?
Language camps are free to attend.		
If you take the bus to your camp, your bus tickets wil registration confirmation.	I also be covered free of charg	e. You'll receive more information in your
Declaration for participation		
I agree that my child may participate in this free lang	uage camp. I have read and u	nderstood that my child may only attend
language camp upon receipt of written confirmation from the Gütersloh District Municipal Integration Center.		
I agree that my details may be passed on to the educational provider responsible for the course. I agree for my child to participate in excursions or field trips. I will instruct my child to follow the instructions given by course directors.		
I will dress my child in weather-appropriate clothing. I will send my child with a face mask that covers the mouth and nose.		
I confirm that my child does not suffer from any illnes	sses or poor health that would	forbid attendance.
My child needs to take the following medication durin	ng the day:	
I consent to photos being published: 🗌 yes	no no	
I consent to my child being asked about the content		yes 🗋 no
To be completed in addition for underage participants: (Please note: only complete this section if the student is under 18 years of age)		
	udent is under to years of ag	je)
l Last name, first name of the child's mother, father or legal guardian		
Emergency telephone number at which the child's mother,	father or legal guardian can be rea	ached
Place, date	Signature (mother's, father's or	r legal guardian's signature
	for underage children)	

The information to be provided in accordance with the EU General Data Protection Regulation (GDPR) can be found on our website or accessed directly using the following link: <u>https://www.kreis-guetersloh.de/unser-kreis/verwaltung/dsgvo</u>