

Englisch

## REGISTRATION

**Autumn break language camps for students with German as a second language**

**Dates: October 12 to 23, 2020, 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 (MM/DD/YYYY)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postal code, town/city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
What languages do you speak?

\_\_\_\_\_  
Have you ever participated in a language camp before?

### 2. School details (please print legibly)

\_\_\_\_\_  
What school do you attend?

\_\_\_\_\_  
What grade are you in?  
the month and year you moved here)?

\_\_\_\_\_  
How long have you lived in Germany (please specify

### 3. Costs

Language camps are free to attend.

If you take the bus to your camp, your bus tickets will also be covered free of charge. You'll receive more information in your registration confirmation.

### 4. Declaration for participation

I agree that my child may participate in this free language camp. I have read and understood 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 disclosed 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.

I confirm that my child does not suffer from any illnesses or poor health that would preclude attendance at language camp.

My child needs to take the following medication during the day: \_\_\_\_\_

I consent to photos being published:  yes  no

I consent to my child being asked about the content of the language course:  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)**

\_\_\_\_\_  
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 reached

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature (mother's, father's or legal guardian's signature for underage children)

From May 25, 2018 onwards, 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: [www.kreis-guetersloh.de/sh/dsgvo](http://www.kreis-guetersloh.de/sh/dsgvo)

**Contact: Municipal Integration Center, Erika Dahlkötter, Tel: +49 (0)5241/85-1545, email: e.dahlkoetter@kreis-guetersloh.de**