

Fondazione Levis Plona

SCUOLA PARITARIA INFANZIA E PRIMARIA - INDIRIZZO BILINGUE ITALIANO-INGLESE VICENZA VI1A180007 - VI1E00300V Porta S. Croce, 55 - 36100 VICENZA Tel. 0444 322781 - P.IVA 01326060249 - C.F. 80015410246 segreteria@levisplona.it - PEC: levisplona@pec.it_sito: www.levisplona.it

SUMMER CAMP 2025 REGISTRATION FORM

The undersigned																		
Parent/ Guardian of (surname name)																		
Born in Country																		
On the//							OMale			class attended								
Resic	dent in (na	ame of city	()					via										
Fisca	l code]	
RE	REQUESTS to enroll their child in Summer Camp 2025 organized by Action Theatre at Levis Plona School for the following period (please mark an X on the desired weeks below): WEEK 1 from 9/06 - 13 /06/2025 WEEK 2 from 16/06 - 20/06/2025															Plona		
COST	S : for one	week: 205	€ - for two	o weel	ks 400	€.												
AND																		
	Early entry from 7:30 to 8:30 : €10 per week																	
	Post school from 4pm to 5pm : €10 per week																	
	Post scho	ol from 4pr	n to 6pm	:€15 p	oer we	e												
DECLARE that you have paid a €50 deposit at the time of registration																		
IMPORTANT: Child's Health details (tick the box)																		
	the student have a pathology of some sort																	
	the student require medication / life saver medications at school																	
	the student have any food intolerance or allergy. If yes, which? Please attach declaration from your doctor														ur doctor)			
	Is there anything else you feel we need to know?																	
		e the video carried out		-	•		-			-						-	ities	
The u	undersigne	d declares	to be awa	are tha	at the	data	cont	ainec	l in tl	his re	quest	: may	be u	sed e	exclu	sively	, pursuant	

The undersigned declares to be aware that the data contained in this request may be used exclusively pursuant to art. 13 of Legislative Decree No. 196 of 2003.- The undersigned also declares to be aware of the penal sanctions pursuant to art. 76 of the D.P.R. 445/2000 in the case of false declarations in the deeds and use of false deeds and to be aware that the veracity and authenticity of what is stated in this registration form can be verified.

Date _____

Parent's Signature

PAYMENT :

- Bank Transfer to: IT 57 E 03069 11894 1 00000005 095 -Banca Intesa di Vicenza, Contrà Porti 12, Vicenza

- Or Debit Card / Credit card in the secretary's office.

WHAT TO BRING

A pencil case with pens, pencils, glue, scissors and colors; a bottle of water; a hat to protect yourself from the sun; sports shoes/sandals; comfortable & sporty clothing.