

APPLICATION FROM

PARTICIPANT'S QUALIFICATION CARD OF SUMMER CAMP AT MONTESSORI FARM SCHOOL FOLWARK BIAŁKA SUMMER 2025

o Week 1st - (28.06 - 04.07.2025)

II OKMAIION ADOUT THE SUMMER C	MMER CAMP	THE	ABOUT	INFORMATION	I.
--------------------------------	-----------	-----	--------------	-------------	----

1. Date of the Summer Camp:

	 Week 2nd - (05.07 - 11.07.2025) 							
	 Week 3rd - (12.07 - 18.07.2025) 							
	 Week 4th - (19.07 - 25.07.2025) 							
	 Week 5th - (26.07 - 01.08.2025) 							
	 Week 6th - (02.08 - 08.08.2025) 							
2.	Place of the Summer Camp: Białka 155, 21-300 Białka							
INF	ORMATION ABOUT THE PARTICIPANT							
1.	. Participant's First & Last Name							
2.	. Participant's Date of Birth :							
3.	Participant's PESEL (or passport number – foreigners only):							
INI	INFORMATION ABOUT THE PARTICIPANT'S PARENTS/LEGAL GUARDIANS							
4.	. Mother's/Legal guardian:							
	First & Last Name:							
	■ PESEL:							
	Mobile number:							
	Email address:							
5.	Father's/Legal guardian:							
	First & Last Name:							
	• PESEL:							

	Email address:		
6. Pc	articipant's Address		
Pc	arents'/Legal guardians' Address of Stay o	during the	Camp
7. Int	formation about the special needs of the		
	nportant information about the health cor Does the Participant have any allergies YES / NO (delete as appropriate)	ndition of	the Summer Camp participar
Al	lergens		
	lergenslergy symptoms		
Al	lergy symptoms		
Al Di			
Al Di b.	lergy symptomsetetet	ecurrent d	lisease or is it undergoing a
Al Di b. YES, th	lergy symptomsetet	ecurrent d	lisease or is it undergoing a
Al Di b. YES, th Dis	lergy symptoms et Does the Participant have a chronic / rediagnosis? The Participant has a chronic / recurrent dissease	ecurrent d	lisease or is it undergoing a
Al Di b. YES, th Dis	lergy symptoms et Does the Participant have a chronic / rediagnosis? ne Participant has a chronic / recurrent di	ecurrent d	lisease or is it undergoing a NO (delete as appropria
Al Di b. YES, th Dis Sy c.	lergy symptoms et Does the Participant have a chronic / rediagnosis? The Participant has a chronic / recurrent dissease The participant had any surgery?	ecurrent disease YES YES	lisease or is it undergoing a NO (delete as appropriate NO (delete as appropriate)

Date			Parents'/Lega	l guardians' Signture	
	10101103	Бірттопа	201	011101	
	Tetanus	Diphtheria	Dur	Other	
	Information on Participant's immunization:				

STATEMENT OF CONSENT TO PROCESS PERSONAL DATA

We herewith grant consent to processing our and our child's data specified in this agreement or obtained by Children's House Sp. z o.o., with its principal place of business in Warsaw, in the process of our child's attending the School run by CDBWMS Children's House Sp. z o.o., with its principal place of business in Warsaw, for the purposes of our child's participation in Montessori Farm School and his/her participation in events, trips and excursions organised by CDBWMS Children's House Sp. z o.o. in the course of the Summer Camp. This consent has been granted voluntarily. We know that we will be able to cancel our consent any time by making a written statement of cancellation of our consent for processing of these personal data and delivering it to the School's office at 4 Szwoleżerów St. in Warsaw.

Parents'/Legal guardians' Signture

Pursuant to article 13, clause 1 and clause 2 of the General Data Protection Regulation of 27 April 2016, please be advised that:

- the controller of your personal data and the personal data of your child is the company CDBWMS Children's House Sp. z o.o., with its principal place of business in Warsaw 00-464, at ulica Szwoleżerów 4;
- the data protection officer at CDBWMS Children's House Sp. z o.o., with its principal place of business in Warsaw, is Ms. Marta Kiraga e-mail: administracja@warsawmontessori.edu.pl;
- your and your child's personal data will be processed for the purpose of your child's participation in the camp, that is for the purpose of your child's participation in Montessori Farm School, Białka 155, commune of Radzyń Podlaski, and with his/her participation in events, trips and excursions organised during the camp on the grounds of article 6, clause 1, points a and b of the General Data Protection Regulation of 27 April 2016;
- your and your child's data will be stored until the end of the camp in which your child is participating;
- you have the right to access the content of your and your child's data and the right to correct, remove or restrict processing of the data, the right to protest against processing, the right to transfer data and the right to cancel your consent at any time without any influence on the legality of the processing carried out on the grounds of your consent before its cancellation;
- you have the right to bring a complaint to the President of the Personal Data Protection Office, in case you recognise that processing of personal data

concerning you or your child violates the provisions of the General Data Protection Regulation of 27 April 2016;

• your provision of the personal data is a necessary condition for your child's participation in Montessori Farm School. Unless personal data is provided, it will be impossible to take part in the camp.

We herewith state that we have become familiar with the content of the above information concerning the processing of our and our child's personal data.

Parent's or guardian's signature	Parent's or guardian's signature
Summer Camp Organizer's decision upon qu	alifying the Camp Participant to participate
in Summer Camp:	
 To qualify and send the participant on 	n Summer Camp
 Refuse to refer the participant to Sumr 	mer Camp for the sake of
·	·
	

Date: _____

ΙΙ.