

Appendix

NAME AND ADDRESS OF STUDENT

Name of student _____
Grade _____
Address _____
Name of Parent _____
Phone No. Parent _____

TIME

The camp times are from 8.30 – 15.00 hrs daily. The Camp will take place at ISR premises.

FOOD/LUNCH

If the ISR cafeteria will be closed during that week we will have the option to have lunch at the local Tennisclub Stadtwald. We could have a freshly cooked lunch every day. They will serve both a vegetarian and a meat dish to choose from. It is just a little walk across the street. We will be all eating together. Lunch will cost approx. 6 €/day incl. soft drink. The students will pay cash directly at the Tennisclub each day.

It would be kind if you could tick the appropriate field below whether you prefer vegetarian or non-vegetarian food

- YES I would like to have vegetarian lunch.
NO I prefer non-vegetarian lunch.
NO I do not want to eat lunch at the Tennisclub.

FOOD ALLERGIES

Further on I kindly ask you to give me information on any food allergies as we plan to produce and consume fruit smoothies with berries, bananas, kiwis etc.

YES my child _____ has a food allergy against

NO I do not want my child _____ to produce and/or consume fruit smoothies at the camp.

PHOTOS

As we want to take some photos I need your written consent on whether you agree on your child being photographed at the camp. The photos will be used for ART Camp use only.

YES I agree on my child _____ being photographed at the camp

NO I do not agree on my child _____ being photographed at the camp

PARTICIPATION

This camp will be held on a first come first served basis. The camp will take place with a minimum of 5 participants.

COSTS

Costs will be 370 € per child / week incl. all material.

With receiving this information you are on the booking list for my ART CAMP.

To confirm your reservation I kindly ask you to pay the fee of 370 € until

April 30th, 2019

to the following bank account:

Bettina Schulenberg, Commerzbank Düsseldorf, IBAN DE63 3008 0000 0232 3035 00.

SIGNATURE

Dear Parents, I kindly ask you to fill in this form, sign it and send it back to me either via your child or via fax (02131.46 44 61) or via email-scan to bettina@kunst-am-platz.de

Thank you!

Neuss, _____, signature _____
