***Application form***

 Summer day camps in Józsefváros

Please read our information for parents before filling in the application form!

Fill in the requested information!

|  |  |
| --- | --- |
| **Child's name:** |  |
| **Address:** |  |
| **TAJ (insurance) number:** |  |
| **Date and place of birth:** |  |
| **Name and class of their school:** |  |
| **\*Mother's (guardian's) name and phone number:** |  |
| **\*Father’s (guardian's) name and phone number:** |  |

**\*If there is not at least one parent/guardian phone number, we will not be able to accept your application!**

Please circle the relevant answer!

|  |  |  |
| --- | --- | --- |
| **Illness, allergies to medicines or food:** | **Yes** | **No** |
| \*If yes, please provide details: |

**We are not able to provide medication for children!**

Please circle the relevant answer!

|  |  |  |
| --- | --- | --- |
| **The child has special educational needs and or difficulties with integration, learning, behaviour::** | **YES** | **NO** |
| \*If yes, please specify: |

**I would like my child to be able to attend the camp in the following rotations**

**(put an X in the box next to the date):**

1. 2025.06.30. – 2025.07.04. 

2. 2025.07.07. – 2025.07.11.  

3. 2025.07.14. – 2025.07.18. 

4. 2024.07.21. – 2024.07.25. 

5. 2025.07.28. – 2025.08.01.  

6. 2025.08.04. – 2025.08.08. 

7. 2025.08.11. – 2025.08.15. 

8. 2025.08.18. – 2024.08.22. 

Please circle the relevant answer!

|  |  |  |
| --- | --- | --- |
| **I give permission for children to arrive and leave the camp without parental escort:** | **YES** | **NO** |

Please circle the relevant answer!

|  |  |  |
| --- | --- | --- |
| **I give my consent for my child to be photographed and audio recorded during the camp, which JKN Zrt. may process and use in its advertisements in accordance with the GDPR regulations in force:** | **YES** | **NO** |

Please circle the relevant answer!

|  |  |  |
| --- | --- | --- |
| **Please provide a dietary meal plan****Attention! Can only be requested on presentation of a medical certificate. Pork-free diets are an exception.** | **YES** | **NO** |
| **with regard to the child's state of health:** |

At the time of application, I declare that I have read and understood a copy of the Parents' Information and the camp rules.

Budapest, 2025…………………..

……………………………………………………….

                                                                                                              parent’s (guardian’s) signature

**The application form can be handed in at the reception of Kesztyűgyár Közösségi Ház during opening hours (8-19h) or signed and scanned and sent to tabor@kesztyugyar.hu.**

**If you are entitled to free/reduced-price meals, please enclose a certificate (RGYK, HH, HHH, MÁK certificate, long-term sick, other) or fill in the following document at your child's school.**

**Hungarian version:**

**Iskolai igazolás étkezési kedvezményhez**

**(Iskola tölti ki!)**

Igazoljuk, hogy iskolánkban a(z) …………………….……………………………nevű  gyermek ……………%-os kedvezménnyel veszi igénybe az étkezést. (0-50-100%)

|  |  |  |
| --- | --- | --- |
| 2025. ………………………….. |  | ……………………………………. |
|  |  | iskola aláírása(bélyegző) |

**English version:**

**School certificate for meal allowance**

**(To be filled in by the school!)**

We confirm that the child named .......................................................... will receive a discount of ...............% (0-50-100%)

|  |  |  |
| --- | --- | --- |
| 2025. ………………………….. |  | ……………………………………. |
|  |  | Signature of the school(stamp) |