**INFORMATION ABOUT THE TEREZVÁROS SUMMER DAY CAMP**

The camp is organized by the Eötvös10 Cultural Centre (+36-1/690-0995) on behalf of the Terézváros municipality.

Date:

**Between July 01, 2024 and August 16, 2024 in weekly rotations**

Location:

**Derkovits Gyula Primary School** (1068 Budapest, Városligeti fasor 4.; tel.: +361/342-8542)

Conditions of application to the camp:

Children with address or place of residence in the VI. district, or those who do not live here, but attend elementary school in the VI. district can apply.

Age limit: students who have completed at least the 1st grade of elementary school are accepted in the camp.

The condition of participation is accepting and abiding the rules of the camp. Those who violate the rules will no longer be able to participate in the life of the camp! The policy can be found on the website eotvos10.hu, or printed at the camp site.

Attention!

We cannot accept the application to the camp without filling out and signing the information sheet and declarations on pages 3, 4 and 5!

Students should come to the camp on Monday morning each week with a completed and signed health declaration and the receipt of payment for that week (with free meals also!). WE CANNOT ADMIT CHILDREN WITHOUT THESE DOCUMENTS!

Application is possible on the payment dates, for a maximum of the next two weeks at a time.

**Payment dates:**

**For the first two weeks of the camp (weeks 27 and 28)**

**on 18.06.2024, Tuesday, as well as**

**on 24.06.2024, Monday, between 15.00 and 18.00 at the Derkovits school.**

**- Late payment for the first two weeks** depends on the available places**:**

**On 25/06/2024, Tuesday, between 15.00 and 18.00 at the Derkovits school.**

**The payment dates for the following periods are:**

**The week before the subject week**

**Tuesday morning between 7:00 and 9:00 and 15:00 and 17:00**

**- Late payment depends on available places:**

**Thursday morning between 7.00 and 9.00**

**Those who do not pay the costs of meals by the specified deadline, or those who do not indicate their participation in case of free meals, will not be allowed to the camp the following week!**

In the camp, we provide three meals a day (10:00 a.m., lunch, snack).

The cost for the meals is HUF 441/day

To cancel the meals is only possible for the entire subject week. The deadline for this is 9:00 a.m. on Thursday before the subject week. After this time, we cannot refund the costs of the meal.

Phone number: +36-70/375-3679; +36-70/334-6296

Apart from meals, the camp programs are free for the participants.

**Daily schedule:**

Meeting: between 7.30 and 7.50 in the morning

Arrival from the activities: between 15.30 and 16.00

We provide care from 6.30 to 7.30 in the morning and from 16.00 to 17.00 in the afternoon.

Dear Parents, please take the children no later than 17.00 because the teacher on duty will only be at the camp until this time!

**Optional activities (in groups)** that you can sign up for when paying for the meals.

**COMPUTERS up to 20 children**

**GYMNASTICS WITH MUSIC/DANCE group up to 25 children**

**SPORT group up to 20 children**

**HANDCRAFTS for up to 25 children**

**Data sheet**

*(Please hand in the legibly completed, signed data sheet and declaration when making the payment!)*

Name: ………...………………………………………..

School: …………..……………………………………...

Class (completed): ……….…………….…………………………...

Address: ……….…………...…………………………….

Social security number (TAJ): ……….…………………………………………..

Name of parent/guardian: ………………………………………………………………………

Phone number: ……………………………...e-mail address: ……………………...........

Other (diet, drug sensitivities, medications taken regularly, etc.): ………………………………………...…………………………………………………………………………………………………………….

………………………………...…………………………………………………………………………………………………………………….

I, the undersigned, declare that my child suffers from the following permanent illness, food allergy, sensitivity to insect bites:

………………………………………………………………………………………………………………………………………………………..

Severity of the allergy: …………………………………………………………………………….

Budapest, 2024………………….…..

……………………………………………

signature of parent/guardian

**Statement**

(underline the appropriate one: a. / b.)

My child …………………………………………………………………….. (name) can leave the camp

a.) only accompanied by an adult relative in the afternoons.

b.) alone in the afternoons.

Budapest, 2024………………….…..

……………………………………………

signature of parent/guardian

**CONTRIBUTION STATEMENT PERSONAL DATA FOR HANDLING**

I, the undersigned, declare that I voluntarily consent to the Terézvárosi Kulturális Közhasznú Nonprofit Zrt. as Data Controller handling my personal data and that of my child indicated on the data sheet on page 3 and in the health declaration (page 5) for the following purposes:

Purpose of data management: organization of the Terézváros Summer Day Camp, group assignment and supervision of the children, organization of their programs, provision of meals.

The data controller provided me with the following preliminary information in connection with the processing of my and my child's personal data: the legal basis for the Company's data processing for the purposes indicated above is the consent of the data subject, which is clear and express. The person concerned gives his clear, express consent to the inquiry for the purpose set out above, after being informed about the handling of his data, by means of a paper-based statement. The categories of recipients of personal data (those who can get to know the data): the head of the Company, the employees performing the organizational tasks of the camp based on their job title. The range of personal data handled: name, address, phone number, e-mail address, social security number, date of birth, school and class, health information about the child, name and contact information of the guardian. The place of data management: the headquarters of the Company and the location of the day camp. Duration of data management: until the withdrawal of consent to the processing of personal data. I understand that I have the right to request from the data controller access to my personal data, the correction, deletion, and restriction of the processing of my personal data, I have the right to data portability, the right to withdraw my consent without time limit, and to file a complaint with the National Data Protection and Freedom of Information Authority. More information can be found in the data management information sheet available on the Data Controller's website.

Budapest, 2024…………………..

……………………………………………

declarant (parent/guardian)

**STATEMENT**

I, the undersigned, consent to photos and videos being taken of my child named ……………………………… in the day camp and at the external programs organized by the camp and these recordings will be taken by the organizer Terézvárosi Kulturális Közhasznú Nonprofit Zrt. and the Terézvárosi Municipality appear on its website, social media pages, in the Terézváros magazine and in TV programs reporting on the camp.

Budapest, 2024…………………..

I agree to the above (underline the appropriate one): YES / NO

……………………………………………

signature of parent/guardian

***Please provide legibly completed and signed declarations***

***please hand it over on the first day of the camp***

***to the group leader teacher or the nurse!***

**Health declaration**

Child's name: ………...………………………………………………………………………….

Date of birth of the child: .…………..………………………………………………………………………..

Social security number - TAJ number: (we ask for a copy!) …………………………………………....

Child's address: …………….…………………………….............................................

Birth name of the child's mother: …………...……………………………………………………………………..

I, the undersigned, declare that my child does not have the following symptoms:

fever, sore throat, vomiting, diarrhea, skin rash, jaundice, other serious skin diseases, eye disease, purulent ear and nose discharge.

The child is free of lice and scabies.

I, the undersigned, acknowledge that this declaration must be given to the camp leader or the guardian once a week, at the beginning of the camp, on Monday morning, when the child arrives at the camp. In the absence of the declaration, the child cannot enter the camp!

Budapest, 2024………………….…..

signature of parent/legal representative: ………………………………………………………………….

name: ………………………………………………………………….

residential address: ……………………………….....................................

phone number: ………………………………………………………………….

e-mail address: ………………………………………………………………….