

## Sedi

Asilo Nido: via Roma, 75 | 02.49633509  
International School: via Roma, 126 | 02.49440254  
345.6346067



## HMS - Hakuna Matata Scuole

via Roma, 126  
20037 Paderno Dugnano (MI)  
info@hmscuole.it

hmscuole.it

## SUMMER CAMP – General Information

**2023**

|        |  |                                |
|--------|--|--------------------------------|
| Week 1 | from 3 <sup>rd</sup> to 7 <sup>th</sup> July   | € 220,00 + € 45,00 (Excursion) |
| Week 2 | from 10 <sup>th</sup> to 14 <sup>th</sup> July | € 220,00 + € 45,00 (Excursion) |
| Week 3 | from 17 <sup>th</sup> to 21 <sup>st</sup> July | € 220,00 + € 45,00 (Excursion) |
| Week 4 | from 24 <sup>th</sup> to 28 <sup>th</sup> July | € 220,00 + € 45,00 (Excursion) |

Bookings for 4 weeks (in a single installment) the rate is discounted by 15% of the total amount..

Registrations for the Summer Camp are accepted until all spots are filled and **must be confirmed with payment of the fee.**

### The fee for the Summer Camp includes:

lunch, mid-morning snack, afternoon snack (except on Fridays);  
all activities and workshops;  
one entrance to Country Sport;  
one entrance to the swimming pool.

The excursion is not included in the fee.

**For the 2 years old** there is no scheduled trip to the swimming pool, a padding pool will be provided.

### TIMETABLE

8:30 a.m. – 4:30 p.m.

### Before and After School Care

7:30 a.m. – 08:30 a.m. € 15,00/week

4:30 p.m. – 6:00 p.m. € 15,00/week

**PLEASE NOTE: On Fridays, the pick-up time may be delayed due to traffic conditions returning from the field trip. There is NO After-School service on Fridays.**

### Weekly program

MONDAY – Swimming pool and pic-nic in the park (garden for 2y)

TUESDAY – Workshops at school and water games in the garden

WEDNESDAY – Activities on the sand at the Country Club and workshops at school

THURSDAY – Workshops at school and water games in the garden

FRIDAY - Field trip\* with packed lunch (provided by the family)

\* Locations: Zelo Buon Persico Fish Park (LO); Torbiere del Sebino Nature Reserve (BS); Jungle Raider Park (CO); W/WF Vanzago Oasis.



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**SUMMER CAMP – Enrollment form****2024**

| PARENT INFORMATION  |    |    |      |            |             |             |  |    |   |
|---------------------|----|----|------|------------|-------------|-------------|--|----|---|
| Family name         |    |    |      |            | Given Name  |             |  | F  | M |
| Birth Date          | dd | mm | yyyy | Birth City |             |             |  |    |   |
| Birth Country       |    |    |      |            | Nationality |             |  |    |   |
| Residential Address |    |    |      |            |             |             |  | N. |   |
| City                |    |    |      |            |             | Postal Code |  | PR |   |
| Phone               |    |    |      | E-mail     |             |             |  |    |   |
| Tax Code (C.F.)     |    |    |      |            |             |             |  |    |   |

I declare to enroll the child:

| CHILD INFORMATION   |    |    |      |            |             |             |  |    |   |
|---------------------|----|----|------|------------|-------------|-------------|--|----|---|
| Family name         |    |    |      |            | Given Name  |             |  | W  | M |
| Birth Date          | dd | mm | yyyy | Birth City |             |             |  |    |   |
| Birth Country       |    |    |      |            | Nationality |             |  |    |   |
| Residential Address |    |    |      |            |             |             |  | N. |   |
| City                |    |    |      |            |             | Postal Code |  | PR |   |
| Phone               |    |    |      | E-mail     |             |             |  |    |   |

at the Summer Camp, for this/these period/s:

- |                          |               |                     |                           |                                    |                          |                 |                          |                          |                |                          |
|--------------------------|---------------|---------------------|---------------------------|------------------------------------|--------------------------|-----------------|--------------------------|--------------------------|----------------|--------------------------|
| <input type="checkbox"/> | <b>Week 1</b> | <b>01 - 05 July</b> | <b>€ 220<sup>00</sup></b> | <b>45<sup>00</sup> (excursion)</b> | <input type="checkbox"/> | <b>BeforeSC</b> | <b>€ 20<sup>00</sup></b> | <input type="checkbox"/> | <b>AfterSC</b> | <b>€ 20<sup>00</sup></b> |
| <input type="checkbox"/> | <b>Week 2</b> | <b>08 - 12 July</b> | <b>€ 220<sup>00</sup></b> | <b>45<sup>00</sup> (excursion)</b> | <input type="checkbox"/> | <b>BeforeSC</b> | <b>€ 20<sup>00</sup></b> | <input type="checkbox"/> | <b>AfterSC</b> | <b>€ 20<sup>00</sup></b> |
| <input type="checkbox"/> | <b>Week 3</b> | <b>15 - 19 July</b> | <b>€ 220<sup>00</sup></b> | <b>45<sup>00</sup> (excursion)</b> | <input type="checkbox"/> | <b>BeforeSC</b> | <b>€ 20<sup>00</sup></b> | <input type="checkbox"/> | <b>AfterSC</b> | <b>€ 20<sup>00</sup></b> |
| <input type="checkbox"/> | <b>Week 4</b> | <b>22 - 26 July</b> | <b>€ 220<sup>00</sup></b> | <b>45<sup>00</sup> (excursion)</b> | <input type="checkbox"/> | <b>BeforeSC</b> | <b>€ 20<sup>00</sup></b> | <input type="checkbox"/> | <b>AfterSC</b> | <b>€ 20<sup>00</sup></b> |

The undersigned pay on this day \_\_\_\_\_ € \_\_\_\_\_  
 for the booked weeks (Nr \_\_\_\_\_)

Date \_\_\_\_\_ Signature \_\_\_\_\_

The fee can be paid by Bank transfer  
 IBAN IT29R0503433522000000016216

*I declare to be informed, pursuant to and for the purposes of art. 13 of Legislative Decree 196/2003, and to have given consent to the processing of personal data collected on forms also with IT tools exclusively in the context of the procedure for which this declaration is made.*

Date \_\_\_\_\_ Signature \_\_\_\_\_



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**PRIVACY FORM**

|                     |    |    |      |                    |             |  |    |
|---------------------|----|----|------|--------------------|-------------|--|----|
| Student Family name |    |    |      | Student Given Name |             |  |    |
| Family name         |    |    |      | Given Name         |             |  |    |
| Birth Date          | dd | mm | yyyy | Birth City         |             |  |    |
| Residential Address |    |    |      |                    |             |  | N. |
| City                |    |    |      |                    | Postal Code |  | PR |
| Family name         |    |    |      | Given Name         |             |  |    |
| Birth Date          | dd | mm | yyyy | Birth City         |             |  |    |
| Address             |    |    |      |                    |             |  | N. |
| City                |    |    |      |                    | Postal Code |  | PR |

**We declares to have received the information on the use of personal data.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

Dear Sir / Madam,

pursuant to art. 13 of EU Regulation 679/2016, relating to the protection of individuals with regard to the processing of personal data, as well as to the free movement of such data, we inform you that, Hakuna Matata di Valentina Ducci (hereinafter "HMS"), with registered office in Via C. Riboldi 56, 20037 Paderno Dugnano, as Data Controller, will proceed with the processing of personal data, with respect to which you qualify as an interested party pursuant to the aforementioned Regulation, provided at the time of registration of the child or which will be sent to you required below.

**Activities necessary for the management of the relationship**

For the activation and management of the services offered by HMS it is necessary and, in some cases, mandatory by law) to collect and use some personal data of the child, his parents or persons connected to him (family members or other persons delegated to the withdrawal) without the need to acquire the data subject's consent. In the absence of such data, the Company would not be able to provide the services and services requested and to fulfill legal obligations (e.g. invoicing, obligatory accounting records and records, etc.), contractual obligations and educational and pedagogical purposes covered by the service and regulatory obligations

In particular, the following will be treated:

- Personal data (eg personal and identification data of the child and those relating to the family and all persons authorized to pick up the child, family contact data also for the transmission of communications by email relating to the conduct of educational activities, personal data, contact details and images contained in the documents of all persons authorized to collect them)

- Special categories of personal data (eg family habits, behaviors, family history, allergies, intolerances, pathologies, etc.)

The data will be processed by the educational staff with automated or non-automated tools and will not be disclosed to other indeterminate subjects, except to professional collaborators (e.g. psycho-pedagogists, psychomotor drivers) and if not expressly and preventively asking for your consent.

**With respect to these treatments, the provision of data is mandatory and therefore we do not ask you to express your consent to their treatment for the purposes indicated above.**

We ask parents to deliver the personal data necessary for the recognition to the subjects in charge of the collection of the child, of which it will be necessary to copy, this information.

We also point out that for the performance of its activity HMS makes use of the help of subjects who can only process personal data in the context of activities related to the accounting management of HMS. Finally, your data will be processed for purposes otherwise connected to the management of the services offered, such as the forwarding of information related to school initiatives, humanitarian initiatives.

**Rights referred to in Chapter III of EU Regulation 2016/679**

The privacy legislation gives each customer some rights regarding the use of the data concerning him.

In particular, the customer has the right to know, at any time, what his data held by HMS are, where they come from, how and by whom they are used.

The customer also has the right to update, integrate and rectify the data, if inaccurate or incomplete, as well as the right to request its cancellation or limitation of processing and to oppose their treatment for legitimate reasons. The customer also has the right to withdraw consent to the processing without affecting the lawfulness of treatments prior to the revocation based on the consent previously given.

The customer also has the right to receive his personal data in a structured, commonly used and machine-readable form and has the right to transmit this data to another owner. In such cases the customer, if technically possible, has the right to obtain the direct transmission of the data.

For the exercise of your rights, or for the request for further information regarding the processing and communication of your personal data, you can contact the Data Controller directly.

The customer also has the right to lodge a complaint with the data protection authority of the Member State where the alleged infringement resides, works or has occurred.

The exercise of rights is not subject to any form constraint and is free of charge, except in the cases provided for by the legislation in which HMS can establish the amount of any expense contribution to be requested.

**Retention period of personal data**

As a rule, HMS retains customer data for a period of ten years from the conclusion of the relationship, unless there is a different retention period (for example in the case of litigation or to fulfill a legal obligation) which may be higher to said term; in such cases, the data will be kept for a period of time not exceeding the achievement of the purposes for which they are processed. During this period, however, adequate technical and organizational measures will be implemented to protect the rights and freedoms of the data subject.



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**FOTO-VIDEO AUTHORIZATION FORM**

Dear parents,  
As you know, images of minors are protected under privacy legislation, so we would require your consent to advertise.  
We would like to use some photos of your kids playing, learning, having fun to promote our next Summer Camp.  
This permission will be used on our web site and on our Facebook, Instagram, LinkedIn, You Tube accounts.

Please, if you allow us publishing, fill in the form.

Grazie

**We**

|             |            |
|-------------|------------|
| Family name | Given Name |
| Family name | Given Name |

**we allow HMS – International School to publish our child’s pictures**

|                     |                    |
|---------------------|--------------------|
| Student Family name | Student Given Name |
|---------------------|--------------------|

**for the purposes listed above.**

Date .....

Signature .....

Signature .....



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**CHILD PICK UP AUTHORIZATION FORM**

|                     |                    |
|---------------------|--------------------|
| Student Family name | Student Given Name |
|---------------------|--------------------|

**We**

|             |            |
|-------------|------------|
| Family name | Given Name |
| Family name | Given Name |

**authorize the persons listed below to pick up our child on**

| <b>AUTHORIZED PERSON</b> |                          |   |   |
|--------------------------|--------------------------|---|---|
| Family name*             | Given Name*              | W | M |
| Relationship*            | Passport/Identity Card** |   |   |
| Phone number             |                          |   |   |

| <b>AUTHORIZED PERSON</b> |                          |   |   |
|--------------------------|--------------------------|---|---|
| Family name*             | Given Name*              | W | M |
| Relationship*            | Passport/Identity Card** |   |   |
| Phone number             |                          |   |   |

| <b>AUTHORIZED PERSON</b> |                          |   |   |
|--------------------------|--------------------------|---|---|
| Family name*             | Given Name*              | W | M |
| Relationship*            | Passport/Identity Card** |   |   |
| Phone number             |                          |   |   |

| <b>AUTHORIZED PERSON</b> |                          |   |   |
|--------------------------|--------------------------|---|---|
| Family name*             | Given Name*              | W | M |
| Relationship*            | Passport/Identity Card** |   |   |
| Phone number             |                          |   |   |

\*Required

\*\*The document is not required if the delegate is the parent of a student enrolled in the school.

**I'm aware that all persons granted permission to pick up my child must be at least 18 years of age.**

Date .....

Signature .....

Signature .....

