

21/7

PHOTO

INSCRIPTION FOR SUMMER CAMP 2025

14/7

Choose the weeks you want

30/6

28/7	4/8	11/8	18/8	Total paid	€	
PERSO	NAL DATA	FOR THE CH	ILD			
	Name			Surname		
Passport/NIE						
NI/Health No.						
		ORMATION				
Does	the child hav	ve any health issi	ues?			
	Does the	child have allerg	ies?			
Is the child taking any medication?						
Are there any dietary requirements? If you answered YES above, please specify						
FAMILY	DATA					
Mothe	er's name and	I surname				
Fathe	er's name and	I surname				
I (fathe						with Passport no.
	gi	ive permission	for my child	to take part in open	-air activities w	ith Isla Idiomas which
take pla	ce outside t	he academy in	the surroun	ding area of Playa S	an Juan.	
			•	Signature of legal	representative :	
Copy o Passpo Copy o	ort-sized pho f health ins	or NIE of the choto	ild			
documents				Passport/NIE :		
	in Gı	uía de Isora on		the	• -	2025

Total price

Deposit paid

€