

FOR THE SCHOOL DIRECTORATE

PARROCCHIA S. MARIA DI BOLZANO VICENTINO - SCUOLA DELL'INFANZIA PARITARIA "Lasciate che i piccoli vengano a me"



ASILO NIDO "Il Melograno"

Piazzale Oppi 5 BOLZANO VICENTINO
info@asilonidoilmelograno.it - www.asilonidoilmelograno.it
Tel. e fax 0444 350177 - 0444 1429796

TO BE FILLED BY THE SECRETARY

Domanda n. _____ del _____ Residente in: capoluogo frazione fuori comune Fuori Termine

Inserita in Lista d'Attesa n. _____ Iscritto da _____ Quota Iscrizione € _____ Pag.to in _____

NOTE

APPLICATION FORM

(TO BE FILLED IN CAPITAL LETTERS)

The undersigned father..... mother

ask to register our child with this school for the school year 2018/2019

with the following schedule:

- FULL TIME from 7.30am to 4.30pm
- PART TIME mornings only from 7.30am to 12.30pm
- PART TIME afternoons only from 1.30pm to 6.00pm
- PART TIME for three days a week from 7.30am to 4.00pm
- LATE PICK UP (available for full time care package only) from 7.30am to 6.00pm
(optional pick up times: 5.00pm or 6.00pm)
- EARLY DROP OFF (available for both full time and part time care package) from 7.00am to 7.30am

the child
Last name Name

codice fiscale (Italian social security)

WE STATE THAT:

- 1) We acknowledge that the school is open to everyone according to Italian law 62/2000, regardless race, gender and religion.
- 2) We acknowledge that the foundation of the school's educational approach is a blend of human and Christian values. The Catholic religion is well integrated in the school's educational program; therefore, we understand that Catholic religion is part the school's teaching, following the State guidelines, while fully respecting each child's beliefs.
- 3) We received the school regulations and guidelines, particularly the regulations concerning the school organization;
- 4) We are aware that there must be mutual understanding and respect between the parent and the school in order for the child to obtain the full benefit of the education the school provide, and that the school expects parents to actively participate;
- 5) We are aware that the sign-up fee is 70 euro.
- 6) We are aware that the school takes into consideration that children with certified medical conditions that require particular dietary restrictions have the right to benefit from a diversified diet. It is however always necessary to make the school aware at the time of enrollment and also provide the school with a medical certificate stating the condition
- 7) To provide the secretary's office data useful to calculate the "admission ranking"

(* This form needs to be signed by both parents. If only one signature is present we will assume that this school choice is shared by both parents.

Date Parents signature (*) Father

Mother.....

INFORMATIVA D. Lgs.vo 196/2003 "PRIVACY CODE" Regolamento Ministeriale 7/12/2006 n. 305

PERSONAL INFORMATION COLLECTION

A child's personal information will be used exclusively for the institutional purposes of the school, which are those related to education and training of students and for administrative purposes, as defined by law (ART 13 OF dl 196/2003)

1) PURPOSE AND METHOD OF CHILD'S PERSONAL INFORMATION COLLECTION: a) Personal information will be obtained and handled electronically and in accordance with Italian law, the information can be registered, stored, used to communicate, disseminate, and deleted B) A child's personal information will be used exclusively for the institutional purposes of the school, especially regarding registration and attendance, as per school regulation. C) Handling of information will occur in accordance with applicable security measures.

2) CONSENT TO PROVIDE PERSONAL INFORMATION: This consent is necessary in order to complete the enrollment.

3) REFUSAL TO PROVIDE PERSONAL DATA: Refusal to provide personal data, in accordance with paragraph 2 will result in the inability to perform the items outlined in paragraph 1.

4) DATA COMMUNICATIONS: Personal information may be disclosed outside the school only for purposes outlined in paragraph 1, particularly to elementary schools, insurance companies, and some offices based on current law.

5) SHARING OF PERSONAL INFORMATION: Personal information cannot be shared.

6) PARENTS/CHILDREN'S RIGHT: You have the right to access, update and correct factual inaccuracies in any personally identifiable information we collect about you and your child. Parents and guardians can review any personally, identifiable information collected about their children and request that such information be deleted and/or that no further information be collected.

7) HOLDER OF PERSONAL INFORMATION: The school is in charge of personal information

Parrocchia S. Maria – Scuola dell'Infanzia "Lasciate che i piccoli vengano a me" – Piazza Roma 4 Bolzano Vicentino.

The undersigned (*first and last name*)

parent

legal guardian

of _____

(*first and last name of the child*)

(*child's codice fiscale*)

DECLARES: I received a copy of this pamphlet and I GIVE my consent to provide and share personal information in accordance with what is written above.

Date _____

Signature _____

Date _____

Signature _____

According to the rules on the streamlining of administrative activity and aware of the responsibilities to be met in the event of a declaration that does not correspond to true.

The undersignedparent of
the child gender: M F
Last name First Name

STATES THAT

Their child was born in..... on

Child's codice fiscale (italian social security)

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citizenship italian other

*(If the citizenship is different than the italian one please provide copy of: **Permesso di Soggiorno** or **Dichiarazione di avviato procedimento** issued by the italian Questura)*

resident in..... street name..... nr.....

domiciled in..... street name.....nr.....
(if differnt from residency)

If the family **residency** is Bolzano Vicentino and you are interested in the reduction of the monthly fee, please provide:

- "certificazione I.S.E.E." valid until January 15th 2019
- e-mail address.....
- Mother's phone number.....
- Father's phone number.....
- Additional phone number(s):.....
- religion: catholic other
- We accept that Catholic religion is taught in this school YES No
- IF NOT:
- refrain from the following religious/cultural activities
- refrain from the following foods/ingredients

To present photocopy vaccination Booklet (*law 119, 31/7/2017*)

Information about the child's family:

Last and first name of family member <i>(CAPITAL LETTERS)</i>	Place and date of birth of family member		Relationship to the child <i>father-mother-sister-rother-other)</i>	Marital status <i>(married-single-divorced-other)</i>
	Place	Date		

That the **FATHER** has parental rights YES NO
(Father's first and last name)

Location of employment:

Father's Codice fiscale (italian social security)

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That the **MOTHER** has parental rights YES NO
(Mother's first and last name)

Location of employment:

Mother's Codice fiscale (italian social security)

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Does your child have any disability or require specific care?

YES NO (If yes, please present the school with details and doctor's note)

Does your child have any specific allergies and/or food intolerances?

YES NO (If yes, please provide information and doctor's note)

Does your child have siblings in the same school or pre-school (Lasciate che i piccoli vengano a me) for school year 2018/2019

YES NO

Did your child attend any school before this one?

Day care/Nursery YES NO (If so, which one.....)

I declare that the monthly fee will be paid by:

Father Mother Both Other

Date _____ Signature

Date _____ Signature

PARROCCHIA S. MARIA **BOLZANO VICENTINO**
SCUOLA DELL'INFANZIA "Lasciate che i piccoli vengano a me"
ASILO NIDO "Il Melograno"

AUTHORIZATION

The undersigned (*first and last name*)

parent guardian

of _____
(child's first and last name) *(child's codice fiscale)*

"To give my child lifesaving medicines"

(we ask you to complete the ULSS form, available at the school secretary's office)

YES NO

"To take pictures and videos of children"

I authorize the school to take video and pictures during school activities and special occasion (school parties, field trips...etc..).

These items may be displayed in the school in order to demonstrate the activities performed

YES NO

I authorize that other parents may take pictures/videos of the children during school parties or field trips.

YES NO

I authorize the school to use pictures/videos for training purposes and during parent/teacher conferences.

YES NO

The undersigned declares (under the law D.Lgs. 196/2003 for the privacy act) that any video/picture taken during school events (parties, school recitals, field trips etc.) taken by myself, by my child or by my family members and friends will only be shared between family and close friends. It will not be posted on the internet. The school will not be held responsible.

"School religious and field trips"

I give consent for my children to participate in school field trips (for educational and/or religious purpose, with or without vehicle transportation:

YES NO

Teachers are responsible for the general wellbeing of the child during field trips. Refer to law nr. 2047/ art. 61 111/07/1980 n. 312 for more information.

Date _____ Signature _____

Date _____ Signature _____

The undersigned (*first and last name*)

parent guardian

of _____

(*child's first and last name*)

(*child's codice fiscale*)

**I APPOINT THE FOLLOWING PEOPLE TO PICK UP MY CHILD FROM SCHOOL FOR SCHOOL YEAR
2018/2019**

First and last name	Relationship

Date _____ Signature _____

Date _____ Signature _____

DATI PER LA GRADUATORIA DI AMMISSIONE

compilazione a cura del richiedente tenendo conto della situazione alla data di inizio frequenza

LATTANTI (3-12 MESI)

SEMIDIVEZZI E DIVEZZI (12-36 MESI)

1. NUCLEO FAMILIARE: COMPOSIZIONE E CONDIZIONI LAVORATIVE

- genitori entrambi lavoratori a tempo pieno punti **5**
- genitori lavoratori, uno a tempo pieno e l'altro part-time punti **3**
- genitori lavoratori entrambi part-time punti **2**
- un genitore lavoratore l'altro non occupato punti **1**
- oltre al frequentante, altri n figli a carico: per ogni figlio punti **1**
- se presenti fratelli alla Scuola dell'Infanzia o all'Asilo Nido nell'anno in cui si riferisce la domanda punti **2**
- figli dei dipendenti di questa scuola viene assegnato il punteggio maggiorato di punti **2**
rispetto al primo della lista di graduatoria
- bambini portatori di Handicap certificati punti **1**
rispetto al primo della lista di graduatoria

In caso di parità di punteggio, verrà stilata un'ulteriore graduatoria, ordinata per data di nascita. Il primo sarà il più vecchio.

SPAZIO DA COMPILARE A CURA DELLA SEGRETERIA

- domanda presente nella lista d'attesa del precedente anno educativo
punti **1**

PUNTI TOTALIZZATI
