Registration Form 2026
English Refresher Course

YES, I hereby commission The English Center with the fixed booking of the following services: NR.: .....

PUPIL

First Name (s): ..... Family Name: .....

Address: ..... Zip Code: ..... City: .....

Pupil's E-Mail Address: ..... Pupil's Mobile Number: .....

Upcoming Class ..... Last Mark/Grade Earned: .....

School + Type of School: ..... Date of Birth: .....

Gender: ☐ male ☐ female

☐ 36th Calendar week: Mon. 31. AUG – Fri 04. SEP
☐ 37th Calendar week: Mon. 07. SEP – Fri 11. SEP

Refresher Course
Mo – Fr 8:30 – 11:30
Lessons / Materials / Report Card

1 week ..... € 278, - ☐
2 weeks ..... € 525, - ☐

Lunch
11:30 – 12:30

per day ..... € 25, - ☐
My child eats ..... vegetarian ☐
My child eats ..... everything ☐

For the duration of the language course, all COVID-19 hygiene and distance rules must be observed. Please make sure that your child comes to camp healthy and happy.
The English Center/Dr. Hinterbuchner GsmbH & CoKG accepts no liability for cases of Covid-19 or other illnesses through no fault of its own.

A deposit of € 50 is due upon registration. The remaining amount is due on the first day of the course. In the event of illness, the amount will be credited upon presentation of a medical certificate. The voucher is valid for 1 year. Cash payment is not possible. **The deposit will not be refunded in the event of a cancellation.** Following cancellation conditions apply: 20% up to 21 days before the start of the course, 50% from 20 days before the start of the course, 100% from 7 days before the start of the course.

Your child will be supervised by us during the lessons. In the event of serious offenses or breaches of the rules, your child will be sent home after notification of the parent or guardian and the remaining fee will not be refunded.

I agree ☐ agree ☐ do NOT agree, that photos of my child appear on Instagram and/or the Facebook page "The English Center Salzburg" or on the website www.theenglishcenter.at for advertising purposes.

PARENTS / GUARDIANS:

(please in ALL CAPS)

First Name(s): ..... Family Name: .....

E-Mail Address: ..... Telephone Number(s): .....

Mobile Number: ..... Recommended by: .....

I confirm my participation in this course with my signature: Minimum number of participants for each course: 5 people. In the case of less participants, the course will continue with a surcharge dependent on the number of participants.

Date : ..... Signature : .....