

Business partner no.: \_\_\_\_\_  
(filled in by JKS)

KM  
(filled in by JKS)

## Enrolment

## Transfer from course

for participation in schemes and activities run by Jugendkunstschule Dresden.

Please enter all information into the PDF itself or fill out in capitals.

**Important: 3 pages, 4 signatures required (marked with crosses)**

**Please send the completed enrolment form to [anmeldung@jks.dresden.de](mailto:anmeldung@jks.dresden.de)**

1) The following contract is concluded under private law between Jugendkunstschule Dresden (JKS) and

Surname, given name of legal guardian  
(only required if participants are minors)

Street, building number

Post code, town or city

E-mail

Tel. no.

The contract is based on JKS's course conditions, general terms and conditions and fee regulations.

2) The participant

surname, given name of participant Date of birth as of . 2022/2023  
Day Month

will be attending the course with the code and the title

Code Course title

### Discounts (Please include proof of eligibility!):

I hereby request a discount for:

children, schoolchildren, students, trainees, volunteers

children or young people from families receiving SGB II / SGB XII or holders of a Dresden Pass

children with a disability of 60 % or more

adults with a disability of 60 %, holders of a Dresden Pass, recipients of SGB II / SGB XII

family discount: 10% discount for the 2nd sibling enrolled on a year-long course	Surname, given name of 1st child:	Code of year-long course:
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### Payment:

by direct debit (please fill in the direct debit authorisation overleaf)

by invoice (please fill in the following boxes)

Invoice recipient

surname, given name of legal guardian (only if participants are minors)

Street, building number

Post code, Town or city

E-mail

Tel. no.

3) I hereby acknowledge the conditions for participation in JKS schemes and activities, and the data protection regulations\*.

4) The place of jurisdiction for all disputes arising under this contract shall be Dresden.

5) Your enrolment is binding. See conditions of participation for information on the contract duration.

\*) You will find our general terms and conditions and the data protection conditions at [www.jks-Dresden.de](http://www.jks-Dresden.de).

Place, date

Signature of the party to the contract  
(both legal guardians)

# SEPA Direct Debit Instructions\*

## Payment recipient/ creditor

Landeshauptstadt Dresden  
Steuer- und Stadtkassenamt  
Stadtkasse  
Postfach 12 00 20  
01001 Dresden| Germany

I/we hereby authorise Dresden city council (*Landeshauptstadt Dresden*) to withdraw payments from the account provided by direct debit. At the same time, I/we hereby instruct my/our bank to pay the direct debit to Dresden city council from my/our account. I am/we are aware that I am/we are entitled to demand the reimbursement of the amount debited within 8 weeks, starting on the day it is debited. The conditions agreed with my/our bank shall apply.

Please note: For technical reasons, due to banks' preset lead periods, direct debits carried out following the SEPA procedure introduced in August 2014 must be triggered a few days before they are due. However, they are not actually withdrawn from the account until the due date. This means that it may not be possible to take into account instructions given immediately before the due date, for example to postpone or offset the payment, in good time.

The reference number for the authorisation is provided by Dresden city council

**Gläubiger ID:** DE7700000000143501

**Kassenzeichen laut Steuerbescheid:** \_\_\_\_\_

(Treasury code number on tax assessment notice)

Leave this field blank

**Vertragsgegenstand laut Forderung:** \_\_\_\_\_

(Object of the contract as given in payment request)

Leave this field blank

Including overdue and secondary payment requests

## Payer

**Account holder** (please make sure to fill this in)

Full name:

Full name:

Street, building no.:

Street, building no.:

Post code, town/city:

Post code, town/city:

IBAN:

BIC:



Place, date

Signature of account holder

Information on how the data protection stipulations of Articles 12 to 14 of the General Data Protection Regulation are put into practice can be found on Dresden city council's website at <http://www.dresden.de/datenschutz-stadtkasse>

## Type of payment:

Year-long courses:	recurring
Short courses, workshops:	One-off (debited after the scheme or activity ends)

\* Please fill in if course fees are to be paid by direct debit. A year-long course normally takes place during a period of 10 months. The course fee is calculated from the monthly cost of the course and the length of the course.

## Declaration of consent in accordance with Art. 7 of the EU's General Data Protection Regulation (EU-GDPR)

Surname, given name of participant:

Minor?:    no    yes

If the person is a minor, the signatures of the parents or legal guardians are required.

The controller in charge of processing my personal data is Jugendkunstschule Dresden, Bautzner Straße 130, 01099 Dresden, Germany. The authority acting as the data protection officer is Landeshauptstadt Dresden, Datenschutzbeauftragter, Postfach 12 00 20, 01001 Dresden, Germany, [datenschutzbeauftragter@dresden.de](mailto:datenschutzbeauftragter@dresden.de)

To process enrolments, manage courses and send information, records are kept of names, addresses, dates of birth, contact details, the year of enrolment and proof of eligibility for reduced/waived fees. The following data processed count as special personal data under Article 9(1) of EU-GDPR: health data where provided optionally. The JKS discloses necessary personal data to business partners in the context of performances and youth meet-ups, and to instructors for the purpose of fulfilling their contractual obligations. My personal data will be stored for a period of 10 years. They will then be erased or, alternatively, anonymised such that they can no longer be connected to me.

By enrolling, participants/legal guardians give their consent for photographs, audio recordings and videos to be made of them or their children and their works in the context of the schemes and activities they attend, and for these to be replicated and published at any time or place for the purpose of publicising JKS Dresden (in the press, on the television, radio, Internet, advertising materials such as flyers, posters, banners, etc.) and for the JKS's own publications and documentation. This consent expressly includes the waiver of any claim to remuneration. If participants do not agree to this, they must strike through this paragraph.

Rights:

- **Voluntary consent:** I may not be forced or coerced into giving or maintaining my consent.
- **Right to withdraw consent:** I can declare that I am withdrawing my consent at any time. Among other things, this may be done verbally or by e-mail. I may be required to provide proof of identity. My data may no longer be processed as of the moment that declaration is received. They must be deleted immediately. This shall not affect the processing carried out prior to that moment.
- **Right to access:** In line with Article 15 of the EU-GDPR, I have the right to demand access to my data from the controller.
- **Right to rectification:** In line with Article 16 of the EU-GDPR, I am entitled to obtain the rectification of incorrect data from the controller.
- **Erasure:** In line with Article 17 of the EU-GDPR, I have the right to obtain the erasure of data from the controller and the right to be forgotten.
- **Restriction of processing:** I have the right to demand the restriction of processing from the controller in line with Article 18 of the EU-GDPR.
- **Right to lodge a complaint:** In line with Article 13(2)b of the EU-GDPR, I have the right to lodge a complaint with the data protection supervisory authority against the processing of my personal data.



Place, date

Signature (given name and surname), signature of parents or legal guardians or of the adult participant

## Briefing for participants, parents, legal guardians and people working at the facility in accordance with Section 34(5), sentence 2 of the German Infection Protection Act (IfSG)

Surname, given name of participant:

To avoid infection, the regulations on social distancing and hygiene must be followed. If you or your child are suffering from coronavirus or symptoms of SARS-CoV-2 (especially a dry cough, raised temperature, shortness of breath), you may not enter the facility. If such symptoms appear, please always consult your GP or paediatrician.

If any people working in the facility, children or students have to stay at home or even have to be treated in hospital, please notify us immediately and also let us know the diagnosis so that we can work with the public health department to take all necessary measures to avoid the further spread of the infectious disease.

Your attending doctor or the public health department can provide information on whether you are prohibited from visiting the facility.

Please note that our instructors are entitled to send participants home if they show symptoms of Covid-19. Parents must collect their children if necessary.



place, date

Signature (given name and surname), signature of parents or legal guardians or of the adult participant