



### TEEN PHOTOGRAPHY PROGRAM

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Name & Surname of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Does the student have previous experience: Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please specify* \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No: \_\_\_\_\_

Emai: \_\_\_\_\_

### Course Dates Section:

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Please selection your preferred available dates.

Available Course Date:

\_\_\_\_\_ **Option 1 – Spring – Every Tuesday - €200.00**

Course Dates: 7<sup>th</sup> April, 14<sup>th</sup> April, 21<sup>st</sup> April, 28<sup>th</sup> April & 5<sup>th</sup> May 2026

Time: From 17:30 to 19:30

\_\_\_\_\_ **Option 2 – Summer – Every Monday - €200.00**

Course Dates: 6<sup>th</sup> July, 13<sup>th</sup> July, 20<sup>th</sup> July, 27<sup>th</sup> July & 3<sup>rd</sup> August 2026

Time: From 16:30 to 18:30

*Places are confirmed upon receipt of deposit.*

### Equipment

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A camera is not recommended.

For the photography sessions, at least a mobile phone is required. Guidance will be provided if needed.



## TERMS & CONDITIONS

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1. A full payment is confirmed to secure and confirm the booking.
2. Payment is not refundable. Unless cancelled by the tutor.
3. In the event that a student is unable to attend a scheduled session, that session will be forfeited and cannot be rescheduled or refunded.
4. Students are expected to behave respectfully and follow instructions during all sessions.

### Consent & Agreement

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5. I confirm that I am the legal parent or guardian of the above named student and give permission for them to participate in the Teen Photography Program held at Valletta Design Cluster.  
I confirm that I have read and agree to the Terms and Conditions stated above.

Parent or Guardian Name

\_\_\_\_\_

Signature

\_\_\_\_\_

### Image Consent

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6. Please indicate your preference regarding the use of photographs taken during the course.

I give permission for images of my child to be used for promotional purposes.

I do not give permission for images of my child to be used publicly.

Signature

\_\_\_\_\_

### Data Protection and Privacy Notice

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All personal data provided in this form will be processed in accordance with the General Data Protection Regulation EU 2016 679 and applicable data protection laws.

The information collected will be used solely for the purpose of

- Managing the Teen Photography Program registration
- Communicating important course information
- Contacting parents or guardians when necessary
- Ensuring the safety and wellbeing of students

Personal data will not be shared with third parties unless required by law or where necessary for the organisation of the course.  
All information will be stored securely and retained only for as long as necessary to fulfil the purpose for which it was collected.

Parents or guardians have the right to

- Request access to their personal data
- Request correction of inaccurate information
- Request deletion of personal data where applicable
- Withdraw consent at any time

For any data protection related enquiries, please contact [kphotographymalta@gmail.com](mailto:kphotographymalta@gmail.com)

Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Int. \_\_\_\_\_