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Booking form

To book your child's place, please complete and return this form. Confirmation of your booking will be sent to you by email. If you have any queries, please don't hesitate to contact me.

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Telephone no.: _____

Emergency contact number: _____

Email address (essential for confirmation): _____

Home Address: _____

Health Conditions & Allergies

Please write any health conditions or allergies your child has below. If they have none, please write "NONE KNOWN" below. _____

Does your child have any special educational needs or disabilities which may affect their learning? **YES / NO**

(If yes, I will email additional information for you in order to maximise your child's learning experience. We do not discriminate on any grounds when accepting children into language classes).

Please tick to confirm:

- ☐ My child does not have any food allergies and I give permission for him/her to be given any food you deem suitable.
- ☐ I give permission for my child's photograph to be used on Social Media.
- ☐ I give permission for my child's photograph to be used for promotional purposes.
- ☐ I give permission for the tutor to seek medical advice or provide treatment in an emergency
- ☐ I have read and understood the terms and conditions given to me and agree to comply with them fully.
- ☐ I agree for my email address to be used to inform me of other classes and services. I understand that I will be able to unsubscribe at any time. *(Your email address will not be passed to any third parties)*
- ☐ I accept full responsibility for the health and safety of my child where they are attending classes by video

Privacy policy

All the personal information collected on this booking form is requested to operate the agreement between you and us. It will not be passed on to any third party and will be deleted when your child is no longer attending our classes.

Signature: _____

Date: _____

