

LANGUAGE GROUP BOOKING FORM

Child's Name	
Parent/Guardian Name	
Child's d.o.b	
Address	
E-mail	
Tel. No.	Evening
Mobile	
Language Group Location	
Class Age Group	
Leader	
Day of Class	Time of class
Does your child have any medical conditions such as asthma, allergies or any other specific needs that we should be aware of	
Where did you hear about Small Talk Language Groups?	
Please tick here box if you do not wish to be contacted via post or e-mail with details of Small Talk	
Please tick here if you do not wish your child to be involved in any publicity photos/filming that may be taken whilst you child is attending Small Talk Language groups	

PLEASE RETURN THIS FORM WITH PAYMENT TO: Robin Hill, Wood Lane, Uttoxeter ST14 8BE