

### CHILD'S DETAILS

SURNAME:  GIVEN NAMES:   
GENDER:  M / F DOB:  DD / MM / YYYY NATIONALITY:  1<sup>ST</sup> LANGUAGE:

### PARENT / CARER <sup>NO 1</sup>:

SURNAME:  FIRST NAME:   
ADDRESS:   
  
POSTCODE:  MOBILE:  LANDLINE:   
EMAIL:  JOIN OUR MAILING LIST:  Y / N  
RELATIONSHIP TO CHILD:  WORK (EMERGENCY ONLY):

### PARENT / CARER <sup>NO 2</sup>:

SURNAME:  FIRST NAME:   
ADDRESS:   
  
POSTCODE:  MOBILE:  LANDLINE:   
EMAIL:  JOIN OUR MAILING LIST:  Y / N  
RELATIONSHIP TO CHILD:  WORK (EMERGENCY ONLY):

### MEDICAL OR EMERGENCY

CONTACT NAME:  NUMBER:   
 MY CHILD HAS A MEDICAL CONDITION:   
 MY CHILD TAKES MEDICATION:   
 MY CHILD HAS AN ALLERGY:   
 OTHER INFORMATION YOU THINK WE SHOULD KNOW:

PLEASE CONTINUE OVERLEAF



### COURSE INFORMATION

AGE	LANGUAGE	DAY	FULL BLOCK	PART BLOCK	£
<input type="checkbox"/> PRE	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P1	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P2	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P3	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P4	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P5	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P6	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>
<input type="checkbox"/> P7	<input type="text"/>	<input type="text"/>	<input type="text"/> x £6.00	<input type="text"/> x £6.50	<input type="text"/>

### DISCOUNTS

### PER CLASS

<input type="checkbox"/> REFERRAL	<input type="text" value="NAME OF PERSON REFERRED"/>	-£0.50	- <input type="text"/>
<input type="checkbox"/> SIBLING	<input type="text" value="NAME OF SIBLING"/>	-£0.50	- <input type="text"/>
<input type="checkbox"/> OTHER	<input type="text" value="DESCRIPTION"/>	-£0.50	- <input type="text"/>
<b>SUBTOTAL</b>			<input type="text"/>

### DECLARATION

I'VE READ, UNDERSTOOD & AGREE WITH THE TERMS AND CONDITIONS

AUTHORISING SIGNATURE DD / MM / YYYY

### PAYMENT METHOD

	FEE	£
<input type="checkbox"/> UK ONLINE PAYMENT; CASH	--	
<input type="checkbox"/> UK BANK PAYMENT	1.60%	<input type="text"/>
<input type="checkbox"/> UK CHEQUE	£2.50	<input type="text"/>
<input type="checkbox"/> CREDIT CARD; DEBIT CARD	4.00%	<input type="text"/>
<input type="checkbox"/> PAYPAL	5.00%	<input type="text"/>
<b>TOTAL DUE</b>		<input type="text"/>

### FEEDBACK

HOW DID YOU DISCOVER US?

- FLYER / POSTER 
 WEBSITE 
 WEB SEARCH
- SOCIAL MEDIA 
 REFERRAL

discover your  
Language Within



post completed form to:  
Language Within Ltd,  
180 West Regent Street,  
Glasgow, G2 4RW

or email:  
hello@languagewithin.com