APPLICATION FORM

Child’s Name ……………………………………………………………………………………………

Date of Birth ………………………………………………………………………………………….

Parent’s Name ………………………………………………………………………………………..

Date of Application ……………………………………………………………………………….

Address …………………………………………………………………………………………………….

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……………………………………………………………………………………………………………………..

Telephone No. ………………………………………………………………………………………….

Email ………………………………………………………………………………………………………….

How did you hear about us ……………………………………………………………………

Previous schooling if any ………………………………………………………………………..

……………………………………………………………………………………………………………………..

Proposed start date ……………………………………………………………………………….

Age of child on proposed start date …………………………………………………..

Number of sessions …….…………………………………………………………………………..

Please enclose a cheque of £45.00