



Enrolment Form

Please print this form, fill it in using capital letters and with your payment, send it to:

**Olé Chicos Spanish Club,
5 Dragonfly Chase,
Ilchester,
Somerset,
BA22 8WB**

Child/Children's Details

Name of Child 1:	<input type="text"/>	Name of Child 2:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Gender:	<input type="text"/>

Course Details

Course(s) Booked:	<input type="text"/>	Day(s):	<input type="text"/>
Dates:	<input type="text"/>	Times:	<input type="text"/>

Personal Details

Name of Parent/Guardian:	<input type="text"/>	Address:	<input type="text"/>
Mobile Number:	<input type="text"/>		
Emergency Contact Number:	<input type="text"/>		
E-mail:	<input type="text"/>	Postcode:	<input type="text"/>
School:	<input type="text"/>	Additional Information:	<input type="text"/>
Medical/Allergies:	<input type="text"/>		
Signature:	<input type="text"/>	I enclose a Cheque for: £	<input type="text"/>
		Date:	<input type="text"/>

How did you hear about Olé Chicos Spanish Club: