

**IFIELD SMILE PARENT WORKSHOP BOOKING FORM**

**Course Title:**

**Course Date:**

**Course Cost: None**

**Full Name of Attendee/s**

**School / Organisation your child attends:**

**Address:**

**Contact Telephone Number:**

**(this section must be completed)**

**Contact Email Address:**

**(this section must be completed)**

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**Please return completed forms to Ifield Smile by:**

**Email:** **smile@ifield.kent.sch.uk**

**Post: Ifield Smile, Ifield School, Cedar Avenue, Gravesend Kent DA12 5JT**

**If you would like any further information please do not hesitate to call the Smile team: Telephone 01474 536924.**