

**PARENT WORKSHOP BOOKING FORM**

**Workshop Details:**

|  |  |
| --- | --- |
| **Workshop Title** |  |
| **Workshop Date** |  |

**Details of Attendee:**

|  |  |
| --- | --- |
| **Name of Attending Parent(s)/Guardian** |  |
| **Name of School/Nursery child attends** |  |
| **Telephone number** |  |
| **Email address** |  |

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

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

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