LANGUAGE FIRST IRELAND

CHILDREN ENROLMENT FORM 2023-2024

1. PERSONAL DETAILS

Child 1 :	**Child 2 :**
First name : ……	First name : ……
Surname :……	Surname :……
Age : ……	Age : ……

Address ……

Parent's phone number ……

Email ……

Allergies ……

PAYMENT

☐ **€80/ 6 weeks**
(cash or bank transfer)

Payments in Euros TO:
West Coast Language First Ireland
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Return this form by post to:
West Coast Language First Ireland, 4 Spanish Walk, Convent Garden, Kinsale, CO. Cork
Or email: language.first.ireland@gmail.com

Date ……../……../……

Signed ……