

THE LANGUAGE HUB

52 Keith Court, Glasgow, G11 6QW
T: 0141 258 2700 | M: 07505 144 476
E: info@thelanguagehub.co.uk



Please complete this enrolment form and return to the address given above.

CLASS ENROLMENT FORM

Class name

CHILD'S DETAILS

First name

Last name

Date of birth

Address line 1

Address line 2

Address line 3

Town

Post code

PARENT/CARER DETAILS

First name

Last name

If your address is different from the child's, please provide it below

Address line 1

Address line 2

Address line 3

Town

Post code

Telephone(day)

Mobile

Email

Emergency contact (other than person given above)

Name

Telephone

COLLECTION

Please list the name(s) of people who are authorised to collect your child if the parent/carer is not available.

Person 1

Person 2

Note: We have a duty of care towards your child while he/she is with us and they will never be left unattended. It is your responsibility to advise us as soon as possible if you are likely to be late in collecting them after their class.

MARKETING CONSENT

We would like to send you details of special offers, and news about classes and other events, but we need your consent. If you are happy to hear from us then please tick the box below. We will always make it easy for you to unsubscribe, and we will never sell, share, or give your details to anyone else.



I consent to receiving marketing emails from the Language Hub.

MEDICAL DETAILS

Does your child have any known medical issues, special needs or allergies?

YES NO

If yes, please specify:

Is your child taking any prescribed medications?

YES NO

If yes, please specify:

In case of minor accidents when the parent/carer is absent, your child will be given first aid and you will be informed immediately or when you collect your child.

Do you agree to the Language Hub administering first aid?

YES NO

If no, what action do you want us to take?

In case of serious accident, your child will immediately be taken by ambulance or private vehicle to the nearest A&E facility and you will be informed as soon as possible

Do you agree to this?

YES NO

If no, what action do you want us to take?

ACTIVITIES

Are there any activities that you do not wish your child to participate in?

YES NO

If yes, please specify:

SURVEY

Where did you hear about the Language Hub?

Flyer

Google

Magazine

Facebook

Our website

Word of mouth

Twitter

Newspaper

Other (please specify)

PAYMENT OPTIONS

Bank Transfer

If you choose this option, please use the following account details:

AC Name: The Language Hub

AC Number: 11020508

Sort Code: 83-21-05

Please use your child's name as the reference

PayPal

PayPal payments should be made to: thelanguagehub@email.de

Cheque

Cheques should be made out to: The Language Hub Ltd.

Cash

By signing this enrolment form you confirm that you have read and agree to the Language Hub's terms and conditions. No refunds will be given after your chosen class has commenced. The Language Hub reserves the right to cancel classes at our discretion. If we choose to cancel a class due to insufficient enrolments, we will issue a full or pro-rata refund as appropriate.

Signature of parent

Date

IMAGE RELEASE CONSENT FORM

We like to record special events or classes by taking photographs or video which may be used on our website or social media channels, or in printed publications and marketing materials.

Please indicate that we have your permission to use images of your child in this way.

I agree I do not agree

Signature of parent Date

Print name