Centro Diffusione Lingua e Cultura Italiana “Leonardo da Vinci” Ltd

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| Parent’s name |  | |
| address |  | |
| telephone number |  | |
| e-mail address |  | |
| wish to enrol my son(s) / daughter(s) to the Italian class that will be held in: *(please write the name of the town where the class will take place):* | | |
| **Children details:** | | |
| Name | |  |
| Date and place of birth | |  |
|  | |  |
| Name | |  |
| date and place of birth | |  |
|  | |  |
| Name | |  |
| date and place of birth | |  |
| **DECLARATION** | | |
| By signing this form, I understand that in order to complete the registration of my son/daughter to the Italian class, a fee of **£ 200.00** is required by C.D.L.C.I. for the full Academic Year and that **the payment must be made in full, one week before the class starting date.** | | |
| Parent’s signature |  | |

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| Please note: if you are enrolling more than one child you are entitled to a discount of £10.00 for each child.  Any paid registration fee is non-refundable |

**Payment details:**

Account name: C.D.L.C.I. LTD

Account number: 01414169

Sort code: 30 – 95 - 42