



Sunday Children's Online Class **Registration Form**

Live online, Sundays 3pm to 5pm, for children aged 6 to 11, with sessions tailored to primary-age children. One form per family; page 2 is for a third and fourth child.

Two documents, one email. Fill in this form in block capitals and sign it. Then read and sign the separate **Agreement and Code of Conduct**. Photograph or scan both and email them to **contact@somalilanguagecentre.co.uk**. Email only, please. We reply within two days to confirm your child's group and the date of their first session. The first session is free; fee and payment details follow separately if you decide to continue.

1 FIRST CHILD

CHILD'S FULL NAME

DATE OF BIRTH (DD / MM / YYYY)

SCHOOL YEAR

SOMALI SPOKEN AT HOME

☐ None ☐ A little ☐ Most of the time ☐ Always

ANYTHING THAT WILL HELP THE TEACHER (ADDITIONAL NEEDS, CONFIDENCE, HEARING OR SIGHT, ANYTHING ELSE)

2 SECOND CHILD

Leave blank if registering one child; page 2 has room for a third and fourth

CHILD'S FULL NAME

DATE OF BIRTH (DD / MM / YYYY)

SCHOOL YEAR

SOMALI SPOKEN AT HOME

☐ None ☐ A little ☐ Most of the time ☐ Always

3 PARENT OR GUARDIAN

FULL NAME

RELATIONSHIP TO THE CHILD

MOBILE NUMBER

EMAIL ADDRESS (WE SEND THE WEEKLY CLASS LINK HERE)

HOME ADDRESS

POSTCODE

DEVICE THE CHILD WILL USE

CAN YOU PRINT THE WEEKLY SHEET?

☐ Laptop ☐ Tablet ☐ Phone

☐ Yes ☐ No, a notebook instead

4 DECLARATION AND SIGNATURE

The details on this form are correct. I have read and signed the Agreement and Code of Conduct, and I understand the centre keeps these details only to run the class and contact me.

PARENT OR GUARDIAN'S FULL NAME

SIGNATURE

DATE



Three or more children? Use this page.

Only fill in this page if you are registering more than two children. The parent or guardian details and the signature on page 1 cover every child on the form. For five or more, print this page again.

PARENT OR GUARDIAN'S FULL NAME (SO WE CAN MATCH THIS PAGE TO YOUR FORM)

5 THIRD CHILD

Leave blank if not needed

CHILD'S FULL NAME

DATE OF BIRTH (DD / MM / YYYY)

SCHOOL YEAR

SOMALI SPOKEN AT HOME

☐ None ☐ A little ☐ Most of the time ☐ Always

6 FOURTH CHILD

Leave blank if not needed

CHILD'S FULL NAME

DATE OF BIRTH (DD / MM / YYYY)

SCHOOL YEAR

SOMALI SPOKEN AT HOME

☐ None ☐ A little ☐ Most of the time ☐ Always

ANYTHING THAT WILL HELP THE TEACHER, FOR EITHER CHILD