



Booking details and emergency contact for use by Inclusive Communication Therapy

Childs name/s _____

Adult attending sessions name _____

Relationship to child _____

Address

Postcode _____ Telephone (home) _____

Mobile _____

Email _____

Date of course being booked _____

Please attend even if your child is sleeping as you as a parent/ carer can still learn the signs.

Please note payment is non-refundable once received baby signing is £50.00

Please contact me for payment details

Nominated contact person – Please provide details of another person who may be contacted if the child's parent or guardian cannot be contacted

Name of nominated contact person _____

Address

Postcode _____ Telephone (home) _____

(work) _____

Mobile _____

Email _____

Return form to gemmasharp77@gmail.com