



PARENT WORKSHOP BOOKING FORM

Workshop Details:

Workshop Title	
Workshop Date	

Details of Attendee:

Name of Attending Parent(s)/Guardian	
Name of School/Nursery child attends	
Telephone number	
Email address	

Please return completed forms to Ifield Smile by:

Email: smile@ifield.kent.sch.uk

If you would like any further information please do not hesitate to call the Smile team:
Telephone 01474 536924.