

# Enrolment Form

PLEASE USE BLOCK CAPITALS

Name of child \_\_\_\_\_  
(PARENTS MUST STAY FOR THE DURATION OF INFANT WORKSHOPS)

Age \_\_\_\_ (4 to 7 years only) Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Where did you hear about our workshops? \_\_\_\_\_

## WHICH WORKSHOP/S DO YOU WISH YOUR CHILD TO ATTEND?

Title: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

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**For office use only**

*Children's INFANT Workshops*

Workshop Title \_\_\_\_\_

Date/s \_\_\_\_\_

Name \_\_\_\_\_

Cash/Cheque \_\_\_\_\_

Amount \_\_\_\_\_

Received by \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:  
The Birmingham Botanical Gardens, Westbourne Road, Edgbaston,  
Birmingham B15 3TR**