To: Centro Diffusione Lingua e Cultura Italiana Ltd

 Suite 105, City View House

 5, Union Street

 Manchester M12 4JD

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Parent’s name |  |
| Address |  |
| Phone |  |
| E-mail address |  |
| wish to enrol my son/daughter |  |
| Date and place of birth |  |
| To the Italian class to be held in*(Please write the name of the town where the class will be held)* |  |
| 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 **£ 150,00** 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. **Please note that the fee is not refundable** |
| Parent’s signature |  |

**Payment details:**

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

Account number: 01414169

Sort code: 30 – 95 - 42