

Bay Area School of Etiquette

Enrollment Form

Class interested in: _____ (e.g. Etiquette for K-5th Grades Boys and Girls)

Session interested in: _____ (e.g. Fall Session II)

Child's Name: _____

Child's Age: _____

Child's School: _____ Grade: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Phone: _____

E-mail: _____

My child DOES/DOES NOT have a food allergy.

Food allergies: _____

My child DOES/DOES NOT have a dietary preference (e.g. vegetarian).

Dietary preference: _____

Please mail this form to the address below. We will contact you shortly with further details regarding the class you are interested in. Thank you.

Bay Area School of Etiquette

P.O. Box 321153

Los Gatos, CA 95032

For more information, visit us at www.kids-etiquette.com.