BASIS
BEGINNERS
PRAGUE

..... SCHOOL YEAR | FORM

INTEREST FORM

Please fill out the following information

Parent's full name .....

Telephone .....

E-mail .....

Child's name .....

Child's birthday .....

From when do you plan to enroll your child (month/year) .....

.....

How did you hear about us .....

.....

By filling out this form, I agree to the processing of personal data for the purposes of maintaining a database of interested persons and sending information to the provided e-mail.