



Grab yourself a brew and join us  
**Booking form for coffee mornings**

**PARENT CARER NAME**

**DOB**

**CHILD NAME**

**DOB**

**ADDRESS**

**CONTACT NUMBER**

**EMAIL ADDRESS**

**AGREEMENT**

**BY AGREEING TO TAKE PART IN THE YPAS COFFEE MORNINGS YOU ARE AGREEING FOR YPAS TO STORE YOUR INFORMATION ON THE SECURE DATA BASE**

**YOUR INFORMATION WILL NOT BE SHARED AND IS CONFIDENTIAL. YOU ARE ALSO REQUIRED TO RESPECT OTHER PARENTS /CARERS COFIDENTIALITY DURING COFFEE EVENTS HELD BY YPAS**

**OUR COMMITMENT TO YOU : WE ARE COMMITTED TO**

**OFFERING YOU ARE CONFIDENTAIL SPACE**

**IMPARTING INFORMATION TO YOU THAT WE FEEL IS RELEVANT TO THE THEME OF THE COFFEE EVENT**

**SENDING ANY RELEVANT INFORMATION VIA EMAIL TO YOU (YOU CAN ASK US TO DELETE YOUR EMAIL ADDRESS AT ANY TIME)**

