childosophy™

COURSE REGISTRATION

Full name.....
Address.....
Country.....
Postal address.....
Phone number /Mobile (cell).....
Date of birth.....

Why do you want to do this course?

What relevant qualifications do you have?

What experience do you have working with Children?

Preferred Payment

I am interested in paying upfront $2900 with 10% discount on ONLINE course costs before February 1st 2018. $2610. **YES/ NO**

I would like to secure my place with a deposit $1,000 and a payment plan agreement to pay in full by March 29th 2018. **YES/ NO**

Please email us this signed application to
practitioners@childosophy.com