

Learner Information

This information is only for my personal use, in case of an emergency and to get to know your child better. Please send this form back as soon as possible.

Thank you very much!

Child's Name: _____

Preferred Name: _____ Birthday: _____

Allergies/Illnesses: _____

Allergy/Illness Procedure (if applicable): _____

Child lives with: _____

Parent/Guardian 1 Name: _____

Relationship to child: _____

Phone Number: _____

Email address: _____

Would you like me to add you to the class WhatsApp Group?

Yes No

Parent/Guardian 2 Name: _____

Relationship to child: _____

Phone Number: _____

Email address: _____

Would you like me to add you to the class WhatsApp Group?

Yes No

Does your child have any siblings (Please list names and ages):

Getting To Know Your Child

How would you describe your child?

What are your child's interests?

Does your child have any hobbies or participate in any extracurricular activities?

What are your child's strengths?

In which area/s would you like to see your child improve?

What motivates your child?

Do you have any information to provide that would be helpful?
