



**New Student Questionnaire  
All information is confidential**

**Child's Name:**

**Birthday:**

**Age:**

**Name of School:**

**Parent's Name:**

**Complete Address:**

**Email Address:**

**Home Phone #:**

**Cell Phone #:**

**Emergency Name & Phone #:**

**Please list some of the desired benefits/outcomes from your child participating in this YogaKids class:**

**Please list all current or past health challenges/injuries/operations/diagnoses:**

**Please share any information that you think might be helpful for me to know in order to create the most positive experience for your child:**

**How did you hear about this YogaKids class?**