HORIZONS PROGRAM - STUDENT INFORMATION

Child's name_____ Birthdate _____

Home Address _____ Home phone _____

Mother's Name _____

Mother's work #_____ Cell #_____

E-mail address _____

Father's Name _____

Father's work #_____ Cell #_____

E-mail address _____

Languages spoken at home _____

Allergies _____

Siblings (Name/age) _____

Your child's interests _____

_____

How do you view your child as a learner? (attitude, learning style, academic interests) Write on the back if needed.

_____

_____

What is the most important thing I should know about your child? Write on back if needed.

_____

_____

_____