



Date: _____

Little House Student Information Sheet

Student's First and Last Name: _____ Year Born: _____ Grade: _____

Parent (Guardian) First and Last Name: _____

Home#: _____ Cell#: _____ Email: _____

Current Address: _____

Visa #: _____ Exp: _____

Emergency Contact: _____ Phone #: _____

Program

- Little Learner 2-3 yr olds Little Learner 4-5 yr olds ESL Multisensory Keyboarding Workshops
 Summer Camp

Tutoring: Please indicate the areas you feel your child needs the most support with:

Alphabet/Sequencing ___ Spelling ___ Penmanship ___ Reading ___ Grammar ___ Math ___

Comprehension ___ Written Output ___ Vocabulary ___ French ___ Other: _____

Does your child have any medical conditions, severe allergies, or behavioural concerns we should be aware of?

Does he/she carry or administer any medications? Please explain.

Has your child been assessed with learning difficulties, ADHD, Dyslexia or other diagnoses that affect learning? If so, please indicate the diagnosis and time of assessment.

Does your child receive academic support at school? If so, please explain:

We would really appreciate it if you indicated how you heard of us. Thank you!

Internet ___ Friends ___ Family ___ Teacher at school ___, which school? _____

Drive by ___ Walk in ___ Arbutus Club ___ Advertisement ___, where? _____

I have read and agree to the terms of the "Little House Parent and Student Memorandum of Understanding" and "Student Waiver"

Acknowledged and agreed upon this ___ day of _____, 20___ Parent (Guardian) Signature: _____

We will be taking pictures occasionally for possible use in future promotional materials. Please sign below if you consent to the publication of photograph being used in a possible future brochure or on our website.

Signature: _____