

Enrollment Questionnaire

Student's Name		
Parent's Name		
Grade		Date
of school? Pl	ities does your child ease specify the acti sons, dance, martial	vity
		(MTWTFSS)
	BC.MATH	KUM () N°

MATH. READING. SUCCESS.

Check all (boxes) that apply:

What is your child's current attitude toward:

Math?	Reading?
□ enjoys very much □ seeks greater challenge □ excels at school □ lacks confidence □ is falling behind □ dislikes it □ other:	□ enjoys very much □ seeks greater challenge □ excels at school □ lacks confidence □ is falling behind □ dislikes it □ other:

What goals do you have for your child's math/ reading study?

☐ develop solid study habits

☐ increase self-confidence
□ develop self-learning skills
□ advance beyond grade level
□ gain concentration skills
□ improve grades at school
□ gain basic subject area proficiency
□ improve test-taking skills

Are there any particular circumstances that may affect your child's progress in Kumon? My child tends to...

□ be very motivated.
☐ be easily distracted.
□ be very independent.
☐ need attention/direction.
□ enjoy challenges.
□ lack motivation.
□ be shy.
□ lack self-confidence.
□ be forgetful.
□ get tired easily.
□ other:

What are your child's current hopes/dreams?

What is your level of involvement in your child's

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Center?
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Thank you for completing the questionnaire.

☐ recommendation from a teacher ☐ have another child enrolled here

☐ sports team sponsorship ☐ recommendation from a friend

We will utilize the information you have provided to enhance our understanding of your child's progress and improve our service to you.

☐ recommendation from from a family member

□ other: