

General Information

* Required

1.

Do you have any of the following at home? *

Check all that apply.

- Computer
- Internet
- iPad
- Cell Phone
- Other: _____

2.

How many people live in your home? *

Mark only one oval.

- 2
- 3
- 4
- 5
- Other: _____

3.

How many Children live in your home? *

Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- Other: _____

4.

Do you have any pets in your home? If so what kind? *

5.

Does your child have any allergies *

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