Mindfulness Everyday
Mindful Parents Intake Form

Please complete this form so that we can structure our workshop in a manner that best suits your requirements.

|  |  |
| --- | --- |
| **Name of School** with Full Address with Postal Code |  |
| **Tell us about your school**…Motto / focus / population  |
| **Name of Event** |  |
| **Date of Event** |  |
| **Start time of Workshop** |  | **Length of Workshop in hours:** |  |
| **Number of Participants attending**: (Our Preferred Sizeis maximum of 30) | Teachers |  |
| Parents |  |
| Professional Support Workers |  |
| Students (grade/age) |  |
| **Description of Venue:**Preferred chairs in a circle, possibly the Library, or Meeting room with enough space for some movement activities  |  |
| **Contact Person:** | Name |
| Bus Tel: with extension  | Cell phone |
| **Materials Supplied by School** | * Projector, screen and speakers for PowerPoint
* Chairs in a circle
* Photocopying of handouts for session
 |
| **Materials Supplied by ME** | * Information for handouts
 |
| **Special Requests**  |  |
| **OFFICE USE ONLY** |
| **Quoted Price** |  |
| **Suggested Facilitators** |  |
| **Notes** |  |