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** | | |  | | | | | | |