



New Member Intake Questionnaire

Email this information to delmartialartsinfo@gmail.com

This information allows us to connect with you faster with precise answers to your enrollment questions. Information is NEVER shared or made public.

- Name of Person Inquiring
- Relationship to Student
- Name of Prospective Student(s)
- Date of Birth of Prospective Student(s)
- Referral Source
- Email and Phone
- Town of Residence
- What you would like to see achieved by participating in our program
Additional questions you may have

Continue to next section if Special needs inquiry

- School Name, District and Grade
- Inclusion, self contained or combination
- Independent or 1:1 in school
- Diagnoses and Allergies
- Things we should know; IEP, non verbal, communication devices used etc?
- Medical restrictions related to this activity, if any?

This information is collected to help determine, in advance, what programs we have that meet YOUR specific goals and needs.