New student questionnaire

Student’s Name

Parent’s Name

Parent’s Phone Number

Student’s Age

Does your child have any food allergies/sensitives?  [ ]  Yes [ ]  No

If yes, please provide more information:

Does your child help with food preparation at home or will this be his/her first time in the kitchen?

 [ ]  First time in a kitchen

[ ]  Helps prepare food / knows how to cook

[ ]  Other (describe):

How would you describe your child’s eating habits?

[ ]  My child is an adventurous eater

[ ]  My child is a careful eater and slow to warm up to new foods

[ ]  My child eats only from a very limited list of foods

[ ]  Other (describe):

Is there anything else you would like the instructor to know?