*LAC Children Input Form*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your favourite Indoor activities?**

**What are your favourite Outdoor activities?**

**What are your goals over the next term? What is something you would really like to do or achieve?**

**What are your favourite breakfast and afternoon foods?**

**How would you prefer to spend your afternoons at LAC?**

**Do you have any cool skills, or special talents we should know about**