



**Waterloo Riverview Dharma Centre
Mindfulness Meditation
for Children and Parents/Caregivers
Registration and Consent Form**

Participant Name (Child): _____ Age: _____

Participant Name (Child): _____ Age: _____

Participant Name (Child): _____ Age: _____

Participant Name (Child): _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone Number: _____ E-mail: _____

Emergency Contact: _____ Phone Number: _____

Are there any physical/psychological conditions that might affect participation in the class that you want to share with us?

Child: _____

Parent/Caregiver: _____

Do you take any medications that you think we should be aware of?

Child: _____

Parent/Caregiver: _____

Allergies/Sensitivities (required as children/parents/caregivers will be given snacks) Please list names of those with allergies :

Is there anything the child/parent/caregiver would like the teacher to know about you, your school, your friends, your family?

Consent

Parent/Guardian Signature: _____ Date: _____

Who will be accompanying the child/children? _____

(Relation to child) _____