

## QUESTIONNAIRE

First and last name of the child:

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First and last name of parent/caregiver:

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Date of Birth:

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Address, Area:

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Kindergarten/School, Area:

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Contact phone:

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Email address:

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Who will usually bring the child to the development center?

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Does your child currently have any health problems (if so, which ones)?

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Is your child often sick? YES NO

What are the most common health problems of your child?

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Has your child suffered from any serious diseases (if so, which ones)?

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Is there a chronic disease or problem? Which one?

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Did your child have any injuries that would affect sports activity (if so, which ones)?

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In your opinion, what are good/bad qualities of your child?

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Which sport does your child like the most? \_\_\_\_\_

Has your child played any sports before? Which one and for how long?

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Do you think your child is restless? YES NO

Do you want your child to play sports professionally? YES NO

What would you like your child to benefit in this center (sports education, good behavior, good posture, work habits, discipline, development of abilities, etc.):

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Which sport would you like your child to play after attending the development center?

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**# NOTE:** (write anything you think we should know about your child that will help us in our work):

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