



PARENT FEEDBACK

Your name/s: _____

Child name/s: _____ Age/s (yy / mm): _____

Residential Address: _____

_____ Tel (R): _____

Mother tongue: _____

How did you learn about this seminar: _____

Did you find the seminar fruitful: _____

What is the MOST important thing you gained from the talk: _____

Would you recommend the next seminar to others: _____

Would you like to admit your child at Kaushalya Global: _____

Would you like us to contact you? If yes:

Your mobile numbers	Mom	Dad
Preferred time to call		
2 reasons you'd like to join		
Preferred program	Preschool / Mother-Toddler / Brain Building Program	

Date: _____

Signature