



SHENAAZ MOOS
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HAPPY CONFIDENT ME
 Counselling & Workshops
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Building My EQ	Self Esteem Management for Children
Anger Management for Children	BullyProof Your Child
Anxiety Management for Children	Helping Children Cope With Divorce

Child's Details

Name : _____

School. : _____

Age. : _____ Grade : _____

Position in family : _____

Siblings gender & age : _____

Parents Details - Name, Email & CELL

MOM's Name : _____

Cell & email : _____

DAD's Name : _____

Cell & email : _____

Marital Status : _____

Why would you like your child to attend this workshop?

Mom

Dad

Please indicate if you consent for your child's photo to be taken and used in Marketing material or on our website : YES NO

SIGNED _____ Date _____