

Spirit Professionals

Cancellation/Add/Move class form

Today's date: _____ Cancellation/Add/Move date: _____

If transferring classes-Transfer from (class day and time): _____
to (class day and time) _____

Member Name: _____

Parent Name: _____

Class Day: _____

Class Time: _____

Reason for
Change: _____

How are we doing? Please fill out the survey so we can provide you with the best experience.

Please circle one, rate on a scale from 1-5 with 5 as the highest or best.

How do you rate the cleanliness of our facility?	1	2	3	4	5
How do you rate your class instructor on courtesy and respectfulness?	1	2	3	4	5
How would you rate the knowledge of your class instructor?	1	2	3	4	5
How would you rate the organization and class planning of your instructor?	1	2	3	4	5
Do you feel like your child has learned a lot from the class?	1	2	3	4	5
Do you get enough feedback on how your child is doing?	1	2	3	4	5
How would you rate your overall experience with Spirit Professionals?	1	2	3	4	5

Additional comments or suggestions, good or bad!

Any information that needs to be updated: _____

Member's Parent signature _____

Forms can be turned into the office or mail to: Spirit Professionals, 42354 Deluxe Plaza #13, Hammond, LA 70403

Phone: 985-345-4383

