

Family Information (School-Age)

Child's Name (Last)

First

Nickname (if any)

By providing complete information about your child, you will be assisting the staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff who care for your child.

Members of child's immediate family

Who lives at home with your child?

Languages spoken in your home/Primary language

Are there any special family arrangements, such as shared parenting or custody specifications, etc?

Changes or transitions that your child recently experienced or is experiencing? (ie. new home, birth of sibling, divorce, school issues, death of family member, friend, pet)

Any cultural or religious practices of your family of which we should be aware? (dietary restrictions, head coverings, clothing, etc)

Do you have any pets at home? If so, type of pet and pet's name

What are your child's favorite foods?

What are the foods your child dislikes?

Are there any foods your child should not be fed? (Child Care Licensing requires a form to be completed for children with food allergies or dietary restrictions)

What time does your child normally wake up and go to bed at night on a school night?

Wake Up _____ Go to Bed _____

What is your child's favorite subject (s) in school/what subject (s) is a challenge?

Favorite:

Challenge:

What causes your child to feel angry or frustrated?

What actions or items do you use to comfort your child when upset?

What methods do you use to respond to your child's negative behavior?

How do you reward your child's good behavior or accomplishments?

What are some of your child's interests?

Is your child taking any lessons or participating in organized clubs/teams? (ie. swim, dance, piano, scouts, soccer, youth group, etc)

Average number of hours per day your child watches TV/DVDs during the school week?

_____ Less than 1 hour _____ 1-3 hours _____ 4 or more hours

Average number of hours per day your child has access to the items listed below:

_____ Computer/Ipad _____ Cell phone _____ Video Games

Please circle all of the words that best describe your child's personality and general behavior:

active adventurous affectionate anxious bossy calm cautious cheerful content creative
 curious emotional energetic excitable friendly happy insecure likes structure/routine loud
 loving outgoing quiet prefers adult attention sensitive serious stubborn talkative

What makes your child laugh?

Is there anything that is making your child excited about starting in this program?

Is there anything that is making you or your child anxious about starting in this program?

Please rank from 1-10 (10 most important) the importance of After-School activities:

Snack____ Art&Drama____ Physical Activity____ Structured Play____ Friends____
 Rest____ Homework____ Free Play____ Safe Environment____ Learning Activities____

Has your child had a previous care arrangement? If so, what type (center based, in-home, with family, summer camp, youth program)

What are your expectations of this program?

Any other information that would be helpful for the staff caring for your child to know?

Does your child have an I.E.P. (Individualized Education Program) or I.F.S.P. (Individualized Family Service Plan)?

Yes No

If yes, would you be willing to provide the program with a copy, so the staff can support your child and family?

Yes No

Do you or anyone in your family have a hobby, skill, or area of expertise and would be interested in sharing with school age youth?

Parent/Guardian Signature

Date