

Family Information (School-Age)

Child's First Name	Last Name	Nickname
By providing complete information about your child, you will assist 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?		
Changes or transitions that your child recently experienced or is experiencing? (new home, birth of sibling, divorce, school issues, death of family member, friend or pet)		
Any cultural or religious practices of your family of which we should be aware? (dietary restriction, head coverings, clothing, language)		
Are there any foods your child should not be fed? (a form is required to be completed for children with food allergies or dietary restrictions)		
What is your child's favorite subject/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? (sports, dance, piano, scouts, youth group)
Average number of hours per day your child watches TV/DVDs during the school week? _____ less than an 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
What makes your laugh?
Is there anything that is making your child excited about starting in this program?
Please rank from 1-10 (10 being 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, camp)
What are your expectations of this program?
Does your child have I.E.P. (Individualized Care Plan) or an ISP (Individualized Family Service Plan)? Yes No If yes, would you be willing to provide the program the program copy, so the teachers can support your child and family? Yes No
Do you or anyone in your family have a hobby, skill, or area of expertise you would be interested in sharing with school age youth?
Parent/Guardian Signature
Date