Family Information for School-age

Child's Last Name	First Name	Nickname

By providing complete information about your child, you will be assisting staffing 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 while caring for your child.

Who is in the child's immediate family?

Who lives at home with your child?

Language(s) spoken at home:

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

Are there any changes or transitions you child is experiencing such as a new home, birth of sibling, school issues, death of a family member, friend, pet?

Do you have any pets in the home?

What are your child's favorite foods?

What food does your child dislike?

Are there any food your child should not be allowed to eat? Child Care Licensing requires documentation be completed for children with food allergies and/or dietary restrictions.

What time does your child usually get up and/or go to bed on a school night?
Wake up_____ Go to bed_____

What are your child's favorite and/or most challenging subjects in school?
Favorite subject:

Challenging subject:

What causes your child to feel frustrated or angry?

What actions or items do you use to help calm or comfort your child when they are upset?

What methods do you use to respond to negative behavior?

How do you reward you child for positive behavior or accomplishments?

What are some of your child's interests?

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

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

Active	Calm	Affectionate	Anxious	Bossy	Content	Cautious	Cheerful	Structured	
Curious	Quiet	Adventurous	Excitable	Friendly	Outgoing	Insecure	Routines	Creative	Loud
Loving	Happy	Emotional	Prefers adult attention	Sensitive	Serious	Stubborn	Talkative	Energetic	

What makes your child laugh?

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

Is there anything that is making your child anxious about starting at this program?

Please rank from 1-10 (10 being the most important) the importance of these activities:

Snack _____	Art & Drama _____	Physical activity ____	Structured play _____	Friends _____
Rest _____	Homework _____	Free play _____	Safe environment ___	Learning activities___

Has your child had a previous care experience? If so, what type? What did you like or dislike about it?

What are your expectations of this program for your child?

Is there an other information that would be helpful when caring for your child?

Does your child have an IEP or an IFSP? **If yes, are you willing to share a copy with this program?**

Parent/Caregiver Signature_____ **Date_____**