



School Age Family Information

Child's Full Name: _____

Nickname (if any): _____

*By providing complete information about your child, you are assisting our staff in creating a positive experience for him/her while in our care.

1. Who lives at home with the child:

2. Special family arrangements, such as shared parenting, custody, etc:

3. Languages spoken at home:

4. Changes of transitions that your child has recently experienced (new home, divorce, school change, etc):

5. Any cultural or religious practices of your family of which we should be aware?

6. What causes your child to become frustrated? What techniques help your child to calm down?

7. What are some of your child's interests?

8. Does your child participate in any sports or clubs?

9. Has your child had a previous care arrangement? If so, what type (center based, in-home, etc)?

10. Does your child have an I.E.P or 504 plan in place in school? If so, would you be willing to provide a copy to the program so our family can support your child's educational needs?

11. What is your child's typical daily routine?

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

13. Do you or anyone in your family have a hobby, skill, or area of expertise you would be interested in sharing with the school age program?

Parent/Guardian Signature

Date