



School-Age Information

CHILD'S NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

CLASSROOM _____

DATE _____

FORMER CHILD CARE PROVIDER _____

FAMILY INFORMATION

CHILD'S PRIMARY LIVING INFORMATION:

BOTH PARENTS MOTHER ONLY FATHER ONLY GRANDPARENTS ONLY

OTHER (PLEASE EXPLAIN): _____

WHAT IS THE DOMINANT LANGUAGE SPOKEN IN THE HOUSEHOLD? _____

ARE THERE ANY ADDITIONAL LANGUAGES SPOKEN TO YOUR CHILD? _____

CHILD'S ETHNICITY (OPTIONAL): _____

ARE THERE ANY CULTURAL PRACTICES OR HOLIDAYS YOU WOULD LIKE US TO KNOW ABOUT? _____

HOW IS YOUR CHILD COMFORTED AT HOME? _____

HOW IS YOUR CHILD DISCIPLINED AT HOME? _____

WHAT MAKES YOUR CHILD ANGRY AND UPSET, AND HOW DOES HE/SHE EXHIBIT ANGER OR FRUSTRATION? _____

WHAT ACTIVITIES DO YOU ENJOY DOING TOGETHER? _____

WHAT ACTIVITIES DOES YOUR CHILD LIKE TO DO? _____

DOES YOUR CHILD HAVE ANY PRONOUNCED FEARS? _____

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD REGARDING:

EATING HABITS

CLUMSINESS

SOCIAL SKILLS

ACTIVITY LEVELS

STUTTERING

BAD DREAMS

PASSIVITY

SLEEP PATTERNS

LANGUAGE DEVELOPMENT

DISCIPLINE

DISOBEDIENCE

NAIL-BITING

AGGRESSION

IMMATURITY

OTHER: _____

EMOTIONAL ISSUES

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ARRIVAL INFORMATION

WHAT WILL HELP YOU AND YOUR CHILD SAY GOODBYE TO EACH OTHER AT DROP-OFF?

WHAT TIME WILL YOU TYPICALLY ARRIVE AT PLAYWORKS? _____

SCHOOL INFORMATION

WHAT SCHOOL DOES YOUR CHILD ATTEND? _____

DOES HE/SHE ENJOY SCHOOL? IF SO, WHAT ACTIVITIES DOES HE/SHE LIKE TO DO?

WHAT ACTIVITIES DOES HE/SHE DISLIKE DOING IN SCHOOL?

DIETARY INFORMATION

WHAT ARE SOME OF YOUR CHILD'S FAVORITE FOODS? _____

WHAT FOODS DOES YOUR CHILD DISLIKE? _____

ARE THERE ANY FOODS THAT YOU HAVE NOT INTRODUCED YOUR CHILD TO YET?

COMMUNICATION

WHAT IS THE BEST WAY TO COMMUNICATE WITH YOU?

IF THERE IS A CONCERN OR SITUATION WITH YOUR CHILD, HOW DO YOU WANT US TO COMMUNICATE WITH YOU?

AT THE END OF THE DAY PHONE CALL EMAIL DAILY NOTE

FORMAL CONFERENCE OTHER (PLEASE LIST): _____

IS IT EASY FOR YOUR CHILD TO COMMUNICATE HIS/HER WANTS AND NEEDS?

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DEPARTURE INFORMATION

WHAT TIME WILL YOU TYPICALLY BE PICKING UP YOUR CHILD? _____

DO YOU HAVE ANY INSTRUCTIONS FOR US BEFORE YOUR CHILD IS PICKED UP?

OTHER INFORMATION

WHAT ELSE CAN YOU TELL US ABOUT YOUR FAMILY AND YOUR CHILD THAT WOULD AID PLAYWORKS IN MEETING YOUR FAMILY'S NEEDS AND THOSE OF YOUR CHILD?

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