

# Getting to Know Your School Age Child

## Our Family

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Siblings and Other People Living in Our Home: \_\_\_\_\_  
\_\_\_\_\_

Language other than English spoken in our home (if any): \_\_\_\_\_

Has your child attended child care before? Yes No If yes, why did you leave? \_\_\_\_\_

Any other information you wish to share with us regarding your family: \_\_\_\_\_

## Health

1. Please list any allergies (food, detergents, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

2. Please list any health problems (physical, mental, or emotional): \_\_\_\_\_  
\_\_\_\_\_

3. Please list any serious accidents or surgeries: \_\_\_\_\_

4. Please list any medications your child is taking: \_\_\_\_\_

## Development

What are your child's favorite toys and activities? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What do you want your child to gain from our program this year? \_\_\_\_\_

What grade is your child in and what school does he/she attend? \_\_\_\_\_

Please describe your child's temperament and list any behaviors you feel we should know about: \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's development or behavior? \_\_\_\_\_  
\_\_\_\_\_