CHILD INFORMATION SHEET

Child's Name _____ DOB _____/_____/_____

Approx. Time for: Drop Off _____ Pick-Up: _____ Days Attending: M T W R F

Check meals your child will eat at Generations: ___Breakfast ___Lunch ___Snack

Group Enrolled: ☐ Toddlers/Intermediates ☐ Preschool ☐ Pre-K / UPK

☐ WRAP Around Kindergarten ☐ SACC ☐ Vacation Club

Child's Ethnic Background: ___African American ___Arabic ___Asian/Pacific Islander

___Hispanic ___American Indian ___White ___Bi-racial _____

__Other: _____

What is your cultural heritage? _____

How does your heritage influence your family's traditions, routines and celebrations?

_____

_____

What language(s) does the child speak and understand? ___mostly or only English

___some English ___another language and English equally ___no English

___other language(s): _____

What language is primarily spoken in the home? _____

Parent/Guardian Names _____ _____

Child Lives With: ___Own Father ___Step Father ___Other _____

___Own Mother ___Step Mother

Does the child have siblings? Please list names and ages:

_____ _____ _____

Parents are: ___Married ___Single ___Divorced ___Separated

Is there any custody information Generations should be aware of?

_____

Has your child ever been in group care before? ☐ Yes ☐ No

If yes, what form? ☐ Child Care Center name _____ ☐ Family Day Care

☐ Other Describe _____

How did your child respond to group care? _____

Does your child take a nap? ☐ Yes ☐ No If yes, for how long? _____

Is your child toilet training? ☐ Yes ☐ No If yes, what procedure or methods should Generations be aware of to assist in offering consistency? _____

_____

When your child's behavior needs correcting, how does he / she respond best? _____

_____

_____

CHILD INFORMATION SHEET

Has your child been identified as having special needs? Yes ___ No___
If yes, by whom? _____

Do you feel your child has special needs? Yes ___ No___
Please describe? _____

Does your child have an Individual Family Service Plan (IFSP) or IEP? Yes ___No ___
List any special services your child has ever received: _____
IF your child is currently receiving services at school or over the summer, please complete the service provider forms as well.

What regular responsibilities does your child have at home? _____
_____

What kind of personality does your child have? (check all that apply)

☐ sensitive	☐ quiet	☐ competitive	☐ stubborn	☐ creative
☐ mature	☐ happy	☐ orderly	☐ curious	☐ imaginative
☐ cooperative	☐ leader	☐ disorganized	☐ affectionate	☐ aggressive
☐ enthusiastic	☐ patient	☐ independent	☐ shy	☐ intelligent
☐ temperamental	☐ friendly	☐ talkative	☐ thoughtful	☐ adaptable

List your child's interests and activities that he/she participates in. _____
_____
_____
_____

What are your hopes for your child at Generations Child Care? _____
_____
_____
_____
_____
_____
_____

If your child is School-age, what expectations do you have of your child's time at Generations? (check all that apply)

☐ Homework Time	☐ Tutoring	☐ Sports / Games
☐ Supervised Free Time	☐ Nutritious Snack	☐ Fun Learning Activities
☐ Other _____	☐ Enrichment Activities (list) _____	

Parent Signature: _____ Date: _____