School Age Get to Know You

Name: Birthdate:

Siblings:

Pets:

Names of friends in our program:

Allergies:

Fears:

Temperament:

Common illnesses:

Parents’ schedules (if necessary, provide a copy of a custody agreement if there is one in place)

Does your child have an IEP or any other learning or behavior plan you would like us to be aware of?

Is there anything else we need to know about your child to help them adjust?

Has your child attended another childcare facility? If yes, how long? What facility was it? Reasons for leaving?

Email addresses that we can send the newsletter and other announcements to:

Describe your child’s swimming abilities:

Check mark areas your child may play/swim (summer camp only)

□ water park/feature □ shallow-end of pool □ deep-end of pool □ diving well □ water slide