CHILD FOCUS

GETTING TO KNOW YOUR CHILD: Before and After School Program Enrollment Form

Student Name: _____

Current Grade: _____

TOILETING & PERSONAL HYGIENE REQUIREMENTS

Due to the program's required staff-to-child ratios, supervision responsibilities, and the limitations of the facilities, equipment, and resources available, children enrolled in the School-Age Program must be able to independently manage their toileting and personal hygiene needs in a safe, sanitary, and age-appropriate manner.

Is your child fully toilet trained and able to independently manage their toileting and personal hygiene needs?

☐ Yes
☐ No

FAMILY & HOUSEHOLD INFORMATION

Who does your child live with? _____

What is your relationship to the child?

☐ Biological Parent
☐ Adoptive Parent
☐ Step-Parent
☐ Grandparent
☐ Aunt/Uncle
☐ Foster Parent
☐ Other: _____

Does your child have siblings?

☐ Yes
☐ No

If yes, please list their names and ages: _____

_____

LEGAL & CUSTODY INFORMATION

Are there any legal, custody, or court-ordered arrangements involving your child that the program should be aware of?

☐ Yes
☐ No

If yes, please provide the appropriate court documentation with your enrollment materials.

What are your child's favorite hobbies, activities, interests, or subjects? _____

_____

_____

How would you describe your child's personality? _____

_____

_____

How does your child typically respond to new people, situations, routines, or surroundings?

☐ Adjusts Easily
☐ Adjusts with Some Support
☐ May Need Additional Time and Support

Please provide additional information, if applicable: _____

What motivates, encourages, or helps your child feel successful?

_____

_____

Are there any concerns, needs, preferences, or other information you would like our staff to know that may help us better support your child?

_____

_____

PARENT/GUARDIAN ACKNOWLEDGMENT

I have provided accurate and complete information to the best of my knowledge. I understand that this information will assist program staff in getting to know my child and providing appropriate support while participating in the School-Age Program.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____