

Family Profile

School Age

Child's Name _____ Nickname _____ Birthdate _____

Elementary School _____

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____	Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____

Other children in the family (names and ages) _____

When did your family first enroll at this or any other Gretchen's House? _____

Previous child care setting:

- | | |
|--|--|
| <input type="checkbox"/> home with parents | <input type="checkbox"/> at this Gretchen's House |
| <input type="checkbox"/> with other relatives | <input type="checkbox"/> at another Gretchen's House |
| <input type="checkbox"/> at another child care center/home | <input type="checkbox"/> other _____ |

Do you have family traditions, cultural learning experiences, or special interest or talents you would be willing to share with your child's class? Or can you join us on field trips? _____

Anything else you want us to know? _____



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Food

Is there anything we should know about your child's eating or drinking habits?

- Favorite foods (list):

- Foods strongly disliked (list):

- My child has an intolerance to:
Symptoms include:

- My child has allergies to the following:

- My child has an epi-pen and action plan from the doctor.

- My child is a vegetarian
- My child cannot eat _____ due to religious reasons.

Physical and Social/Emotional Needs

What specific features of our program do you think may be interesting, exciting, or difficult for your child?

Are there any special objects or rituals that your child finds comforting when upset or tired?

Does your child have any specific fears (e.g. animals, sirens, thunder)?

How does your child like to learn new things (check all that apply):

- hands-on
- through repetition
- from other children
- from adults
- alone
- in a group
- other (describe):

Does your child attend other programs (eg. Sports, clubs, after-school activities)?

Does your child have interests or hobbies that we could include in our program?