

Personal Information Record For School Age Children

Child's Name: _____ Age: _____

As a parent, you can assist me in planning for your child's stay in my home by sharing the following information:

1. What does your child usually prefer to do after arriving home from school?

2. What are your child's favorite snacks?

3. Does she/he have a strong dislike for certain foods?

Are there any foods your child is not permitted to eat? (Explain)

4. Do you wish to have your child complete homework assignments while in my care?

5. Would you prefer to balance some active play with completing homework assignments?

6. Do you wish to have your child participate in any activities away from my home? (Describe)

7. Describe arrangements for transporting your child, if any. (Please be aware that I require your written permission to allow your child to leave my direct supervision while in my family day care program.)

8. State regulations require that television be used with discretion for program activities in the family day care home. I plan to allow a limited time for television viewing. Please share your recommendations for appropriate television programs for your child.

9. Does your child have permission to phone her/his parent's place of business?

Yes No

If yes, what time(s) may child call?

Do these calls require a toll charge? Yes No

If yes, will the family day care home be reimbursed for these toll calls?

Yes No

Do you wish to limit the number and length of phone calls your child makes and receives?

(Explain limitations)

10. Does your child have any hobbies or special interests?

11. This space for any additional comments:

School Child Attends: _____

Grade: _____ School Telephone Number: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____