



Family Focus 2015-2016

Child's Name: _____ DOB: _____ Grade: _____

Approx time of drop off: _____

Approx time of pick up: _____

Tuition Payments:

_____ Private Pay _____ Title XX Case # _____ Weekly Fee _____

Parent/Guardian 1 Information

Does this parent live with the child? _____ Yes _____ No

Name: _____ Birthday: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Profession: _____

Parent/Guardian 2 Information

Does this parent live with the child? _____ Yes _____ No

Name: _____ Birthday: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Profession: _____

Communication:

We want to make communication with you as easy as possible! Which is the best way for us to communicate with you?:

_____ Phone- Best number: _____

_____ Email- Address: _____

_____ Letter- Address: _____

Is there any additional information you would like to let us know about your child or family?

Photography Release

We will on occasion take photos/videos of the children during their participation in our program. If you do not wish for them to have their photo/video taken while in attendance, or wish to limit the use of your child's photos/videos please indicate below:

I do allow or I do not allow Family Focus Learning Center to photograph/videograph my child while attending the preschool, or the before and after school program. I agree that these photos/videos may be used for (Choose all that apply)

displaying in the room, including in the newsletter, Using in brochures, promotional materials, Posting on the Family Focus Learning Center Web Site/Social Media Sites

Signature

Date

About Your Child

Why are you looking for child care? _____

What are the most important factors in arranging child care for your child(ren)? _____

How does your child feel about Child Care and being left by his/her Parent?

Are there any recent situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline? _____

What is your child's temperament? (easy going, hard to please, demanding, aggressive, etc.)

Does your child have any speech, hearing or visual problems or do you have any concerns about these items ? _____

Would there be any restrictions to play or activities? _____

Are there any food restrictions? _____

What are a few of your child's favorite food? _____

What food items does your child dislike? _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What language(s) are spoken at home? _____

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let us know about?

Any Specific Concerns ? _____