

# RECTORY SCHOOL

## After School

### Parent and Child Information Sheet

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Nickname? \_\_\_\_\_ Home Tel. #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Tel. #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Tel. #: \_\_\_\_\_ Cell Tel. #: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Tel. #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Tel. #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_  
Email: \_\_\_\_\_

#### OTHERS LIVING IN THE HOME:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does your child have any pets? Please include names and type of animal: \_\_\_\_\_

#### SOCIAL/EMOTIONAL DEVELOPMENT

Has your child been in child care before? \_\_\_\_\_

Is your child comfortable in group situations? \_\_\_\_\_

What kinds of activities does your child enjoy? \_\_\_\_\_

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Are there activities that your child does not enjoy? \_\_\_\_\_

How would you describe your child's temperament and personality? \_\_\_\_\_

Is there anything that frightens your child? \_\_\_\_\_

What calming techniques does your child use? \_\_\_\_\_

Is there anything regarding your family or your child that you would like to share with us that would help us know your child better? \_\_\_\_\_

### FEEDING

Does your child have any food allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Is your child on a special diet?    \_\_\_ Vegetarian    \_\_\_ Egg/Dairy/Nut free    \_\_\_ Vegan    \_\_\_ Other

What are your child's favorite foods? \_\_\_\_\_

Are there foods that your child dislikes? \_\_\_\_\_

### DEVELOPMENT

Do you have any concerns about your child's development?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please indicate any concerns you have in any of these areas (Hearing, Vision, Language, Gross Motor, Fine Motor, Social/Emotional, or Other)

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The following accommodation(s) may be required to effectively meet my child's needs while at After School:

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What is your child's primary spoken language? \_\_\_\_\_

Are other languages being spoken at home or used with your child? \_\_\_\_\_

### HEALTH

Has your child ever had a serious illness? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has your child ever had any operations? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does your child take any medication daily? \_\_\_\_\_ If yes, what medication(s), and what is the medication taken for? \_\_\_\_\_

Is your child now or did he/she ever receiving services from any organization or consultant? \_\_\_\_\_

When and by whom? \_\_\_\_\_

If services were provided to your child, please share any test results that address your child's academic or social/emotional needs.

Has your child ever visited the dentist? \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Has your child had any of the following?

COVID-19                      No \_\_\_\_\_ Yes \_\_\_\_\_

Whooping cough:          No \_\_\_\_\_ Yes \_\_\_\_\_

Measles:                      No \_\_\_\_\_ Yes \_\_\_\_\_

Chicken pox:                No \_\_\_\_\_ Yes \_\_\_\_\_

High Fever (over 103):    No \_\_\_\_\_ Yes \_\_\_\_\_

Allergies:                    No \_\_\_\_\_ Yes \_\_\_\_\_

Serious Injuries:          No \_\_\_\_\_ Yes \_\_\_\_\_

Mumps:                      No \_\_\_\_\_ Yes \_\_\_\_\_

Rubella:                     No \_\_\_\_\_ Yes \_\_\_\_\_

Pneumonia:                No \_\_\_\_\_ Yes \_\_\_\_\_

Seizures:                    No \_\_\_\_\_ Yes \_\_\_\_\_

Eczema:                     No \_\_\_\_\_ Yes \_\_\_\_\_

Other:                        \_\_\_\_\_

Please elaborate on any conditions for which you checked Yes or anything you feel should be brought to the attention of the CARE teachers or Nurse Consultant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_