

# EXTENDED DAY PROGRAM

## Parent Questionnaire



Child's Name: \_\_\_\_\_

Parent/Guardian completing questionnaire: \_\_\_\_\_

In order to provide the best care for your child in the Extended Day Program, please take a moment to tell us a little bit about your child. All information provided will be confidential. The Program operates under the Americans with Disabilities Act and does not discriminate against individuals with disabilities. The information provided is not to exclude your child from the program but to assist the Program in making any special accommodations necessary. The purpose of this questionnaire is to ensure that all of your child's needs are adequately met.

**THIS QUESTIONNAIRE IS OPTIONAL AND IS NOT REQUIRED FOR REGISTRATION IN THE PROGRAM.**

**1. Does your child have any physical disabilities/disorders/developmental delays (diagnosed or suspected)?**  
If so, please describe:

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**2. Do you have any concerns about your child (anxiety, fears, behavior/social/anger issues)?** If so, please describe:

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**3. Does your child have any allergies?** If so, please describe:

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**4. Is your child toilet trained?** If not, please describe assistance needed:

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**5. Are there any special family situations that the program should know about?** If so, please describe:

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**6. Please make comments about anything else that you think the Program needs to know about your child.**

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