



## SCHOOL AGE CENTER REGISTRATION QUESTIONNAIRE

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ School # \_\_\_\_\_ Teacher \_\_\_\_\_

We are so happy you are joining the School Age Center. The goal of the questions below is to give our teachers information that will assist them in providing your child with curriculum that balances home, school and community activities. The more we understand your child, the better we can meet their individual needs. This information is confidential, and will only be viewed by the professional staff.

Day	School Arrival Time	School Departure Time	My child need a.m. transportation on the following days	My child need a.m. transportation on the following days
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

(1) How would you rate your child in relations to his school experience?

Successful  Enjoyable  Difficult

(2) Special instructions (As to care, allergies, tubes in ears, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Child's favorite activities, likes, dislike, fears, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(4) What are your child's interests?  Art  drama  sports  other

(5) What language is spoken at home? \_\_\_\_\_

(6) General temperament of your child \_\_\_\_\_

(7) Major Family Changes (past, present, future) \_\_\_\_\_

(8) In what way can we help your child this year? \_\_\_\_\_  
 \_\_\_\_\_

(9) If you could pick three words to describe your child, what would they be?

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

- (10) Describe any concerns you have for your child in the following areas (please include any diagnosed disabilities):
- a) Health \_\_\_\_\_
  - b) Social \_\_\_\_\_
  - c) Physical \_\_\_\_\_
  - d) Academic \_\_\_\_\_
- (11) How would you describe your child's relationship with?
- a) Peers \_\_\_\_\_
  - b) Adults \_\_\_\_\_
  - c) Teachers \_\_\_\_\_
- (12) How does your child feel about starting the School Age Center (please address any transitional concerns)?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (13) Does your child watch television? \_\_\_\_\_ What programs does your child enjoy watching the most?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (14) Is television monitored or limited in your home? If yes, in what way? \_\_\_\_\_
- (15) What time does your child usually go to bed? \_\_\_\_\_
- (16) What time does your child usually wake up? \_\_\_\_\_
- (17) The program provides a quiet time for kindergartners. What information would assist us in making this time restful for your child? \_\_\_\_\_
- (18) Is your child working at grade level? \_\_\_\_\_
- \_\_\_\_\_
- (19) Has your child been held back or promoted beyond his/ her grade level? \_\_\_\_\_
- (20) Does your child enjoy school (why or why not)? \_\_\_\_\_
- \_\_\_\_\_
- (21) Does your child have homework? \_\_\_\_\_ How many hours a night? \_\_\_\_\_
- (22) Would you like your child to do homework at the program? \_\_\_\_\_

(23) How much time at the program do you think should be devoted to homework? \_\_\_\_\_

\_\_\_\_\_

(24) What types of activities would you like to see at the After School Program? \_\_\_\_\_

\_\_\_\_\_

(25) What activities does your child enjoy doing outside of school and the School Age Center? \_\_\_\_\_

\_\_\_\_\_

(26) What activities does your child enjoy doing in after-school programs?

___ Art	___ Crafts	___ Sports	___ Cooking
___ Music	___ Computers	___ Field Trips	___ Science
___ Dramatic play	___ Models	___ Blocks	Other _____

(27) Persons designated to call for child: (must also be noted on daily parent report)

\_\_\_\_\_

\_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_