

Manning Regional Child Care Association

Manning Out of School Care Program

GETTING TO KNOW YOU & YOUR CHILD

1. What is your occupation?

Mother _____

Father _____

2. Where were you and your spouse born and what is your cultural or ethnic background?

3. Do you speak another language? Mother Yes No Father Yes No

Child Yes No Which language _____

4. And if so would you like to come and share with the children? Yes No

5. Are there any cultural or special days you celebrate that we could add into our program?

6. Please share with us, your child's likes and dislikes:

Favorite color _____

Favorite book _____

Favorite food _____

Favorite sport/activities _____

Favorite place to go _____

Favorite music _____

7. Describe your child's personality _____

8. Siblings name and ages: _____

9. Pets name and breed _____

10. Is Separation Anxiety an issue for your child? Yes No

11. Is there anything else you would like to share regarding your family?

Parent Signature

Date