

Discovery Zone School Age Getting to Know You Form

Child's Name: _____ Grade: _____

Parents: We can work more effectively with your child if we know as much about him/her as possible. Please help us by filling in the blanks and handing this form in with the registration/renewal packet.

Well liked nick-name: _____ Age: _____ Birthdate: _____

School Attending: _____

Living with whom: _____ Others with whom your child resides: _____

Does your child have any special needs? (emotional, behavioral, physical) Yes No

If yes explain: _____

Does your child have an IEP? Yes No

If yes, please provide a copy to the program director. It must be on file before your child attends.

What areas of your child's life would you hope to see developed by the before/after care experience?

What do you consider his/her strengths and weaknesses?

Does your child have siblings attending this program also? Yes No

In addition to the medical forms, any information the director or teacher should know about your child to better serve your goals for your child. Please include information about your child's personality, disposition, social skills, and forms of discipline used at home. _____

Tell us about your child's hobbies, interests and preferred activities, etc. _____

STOP! Our Director will call you in 45 days to finish. Thank you for taking your time to complete this.

Date of second Meeting _____

- 1. What are your expectations of our program?
 - a) Are they being met?
 - b) If not, how can we improve?

- 2. Has your child talked to you about his or her experiences in our program so far?

- 3. Do you have any questions about the program, curriculum, or facility?

- 4. Are there any ways that we can improve communication with you about your child's experience?

- 5. Is there any other information that you would like to share?

Parent initials for refused meeting: _____

Parent/Guardian Signature

Date

Director Signature

Date