

## Child's Interest Information

Dear Parents,

We are looking forward to having you and your child in our program. In order to plan an exciting program of activities, we would like to know more about your child. Please take a few minutes to fill out this form and answer as many questions below as you can. You may want to discuss some of the questions with your child.

Parent's name \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_ Child's Primary Language \_\_\_\_\_

Mother's home phone \_\_\_\_\_ Work \_\_\_\_\_

Father's home phone \_\_\_\_\_ Work \_\_\_\_\_

Child living with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Brothers and sisters name and ages: 1. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

4. \_\_\_\_\_ 7. \_\_\_\_\_

Countries, cultures that are represented in your family: \_\_\_\_\_

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Holidays, celebrations, customs, traditions your family observes/how observed:

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Tell us about some of the occupations and professions represented in your family:

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What are some recipes and/or foods that represent your family culture? What foods are your family's favorites to eat and prepare?

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**Information about your child's interests**

Please tell us about your child's favorite activities to do at home or in the neighborhood (check the activities, which your child enjoys.)

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Sports and outdoor games | <input type="checkbox"/> Board and table games        | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Music                    | <input type="checkbox"/> Playing a musical instrument | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Arts and Crafts          | <input type="checkbox"/> Exploring Nature             | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Building things          | <input type="checkbox"/> Socializing with friends     | <input type="checkbox"/> other   |
| <input type="checkbox"/> Play acting              | <input type="checkbox"/> Cooking                      |                                  |

Examples of your child's most favorite activities (list specific games, crafts, musical interests, hobbies, etc.)

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**Information about your child's temperament and personal style**

Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support. (For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?)

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What do you think are your child's best qualities?

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What are the most important things we can do to help your child have the positive experiences in our school-age program? Are there areas where you feel your child may need any kind of extra help or support? If yes, please describe them.

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