



# Kids Place 2011-2012 Child Information Form

Please fill out the information below as completely as possible.  
We want to get to know your child and provide him/her with a safe, fun and exciting school year.

**Please Print:**

CHILD'S NAME: \_\_\_\_\_ Male/Female \_\_\_\_\_ DOB: \_\_\_\_\_

**Please Check: (Grade as of Sept. 2011)**

- Grade K     Grade 1     Grade 2     Grade 3     Grade 4     Grade 5     Grade 6

Siblings/Ages: \_\_\_\_\_  
\_\_\_\_\_

Child is:  New Kids Place Participant     Returning Participant     Former Early Childhood Participant

Child's Religious Affiliation: \_\_\_\_\_

Kids Place wants to meet each child's individual needs. Please feel free to use the back of this form if more space is needed.

1. What are the expectations in regards to homework time? \_\_\_\_\_  
\_\_\_\_\_

2. Please describe any specific issues that Kids Place should be aware of regarding your child:

a. Emotional/Social \_\_\_\_\_  
\_\_\_\_\_

b. Behavioral \_\_\_\_\_  
\_\_\_\_\_

c. Physical Limitations \_\_\_\_\_  
\_\_\_\_\_

d. Allergies or Dietary Restrictions (please be as specific as possible about foods that CAN or CANNOT be eaten) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child take any medication during the day? (we will use this information for emergency purposes only) \_\_\_\_\_  
\_\_\_\_\_

4. Is your child receiving any special services from a therapist, psychiatrist or school? \_\_\_\_\_  
\_\_\_\_\_

5. Is there any other information you would like to share with us concerning your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_