

**CCS Extended Care  
Information Sheet  
2010-2011**

**Name of Child** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in school \_\_\_\_\_

Has your child ever been in childcare? \_\_\_\_\_ Type of care \_\_\_\_\_ How long? \_\_\_\_\_

Does your child prefer to: play alone \_\_\_\_\_ play with peers \_\_\_\_\_ play with adults \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

Would you say your child is: easy to manage \_\_\_\_\_ fairly easy to manage \_\_\_\_\_ difficult to manage \_\_\_\_\_

Other children in the household:

Name/Nickname \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

What are your child's likes and dislikes? \_\_\_\_\_

\_\_\_\_\_

Favorite indoor activities? \_\_\_\_\_

Favorite outdoor activities? \_\_\_\_\_

Sleeping and eating habits? \_\_\_\_\_

Are there special circumstances in the family that may be a factor in your child's behavior? If so, please explain.

\_\_\_\_\_

In what ways would you like to see your child develop in the next year? \_\_\_\_\_

\_\_\_\_\_

Please add any additional comments that you feel may help us know your child better: \_\_\_\_\_

\_\_\_\_\_