

SRC Afterschool Program REGISTRATION FORM

Child's Name: _____

Date of Birth: _____ Age _____ 2021-2022 Grade _____

Parent/Guardian 1: _____

Address: _____ Home Phone Number: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 1: _____

Address: _____ Home Phone Number: _____

Email: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION

If both parents/guardians listed on this form are unable to be reached in the case of an emergency, please list 2 alternate contact people and phone numbers.

Contact #1: _____ **Phone:** _____

Contact #2: _____ **Phone:** _____

Physical Health

Any food or environmental allergies?

Any dietary restrictions?

Past or present health problems? (Asthma, headaches, seizure disorder, etc.)

Is there any other information you would like to share about your child's health?

Interests

Please check those which apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> Reads comics, magazines, or newspapers | <input type="checkbox"/> Sports _____ |
| <input type="checkbox"/> Reads books | <input type="checkbox"/> Singing / Instrument / Writes music |
| <input type="checkbox"/> Writes in a journal | <input type="checkbox"/> Crafts / Jewelry / Pottery |
| <input type="checkbox"/> Creates own writing projects | <input type="checkbox"/> Rides a bike, skateboard, or scooter |
| <input type="checkbox"/> Draws/sketches/paints | <input type="checkbox"/> Plays video games (avg. hrs. per day ____) |
| <input type="checkbox"/> Builds models/Legos/etc. | <input type="checkbox"/> Watches television/videos (avg. hrs. day ____) |
| <input type="checkbox"/> Enjoys competition | <input type="checkbox"/> Imaginary play (independently) |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Imaginary play (with other children) |
| | <input type="checkbox"/> Nature Walk / Hike / Camp / Canoe / Kayak |

Daily Living

What are your child's normal eating habits and meal times (breakfast, lunch, snacks)?

What are your child's high interest areas? _____

What age are your child's most frequent friends? _____

Personality

How would you describe your child's demeanor/personality? _____

What are some effective behavior management strategies that work with your child? _____

What comforts your child? What things help calm them down when they are upset? _____

Does your child have any fears or sensitivities that we should be aware of?
(Animals, loud noises, darkness, storms, etc.)

Any additional information that will help staff to best work with your child?
