

# CHILDREN'S INTEREST AND INFORMATION SHEET

Child's Name:.....Child's preferred name .....

Date of Birth:..... school year at AHPS.....

Names & ages of siblings .....

Cultural Background:.....

Language/s spoken at home: .....

Parent/Guardian Names: .....

Does your child have any allergies? YES/NO If so what are they?.....

Does your child have any additional needs YES/NO If so please provide further information

Is your child taking any medication? YES/NO If so which medication?.....

How would you describe your child? (Tick whichever appropriate)

Shy	Energetic	Outgoing	Quiet	follower
Leader	confident	Co-operative	friendly	talkative
aggressive	Observer	Others:		

What are your child's particular areas of interest?

.....  
.....

Do you have any areas of concern about your child's development?

.....  
.....

What new skills or goals (gross motor, fine motor, personal development, social skills, speech, etc.) do you have for your child to develop?

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Is there anything special we need to know about your child? (eg. cultural customs, special words or mannerisms they use, cuddly toy etc

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Are there any special celebrations, culturally relevant events or upcoming items in your child's or your family's life that you would like us to incorporate in our programming? (Please also let us know of any such events as they arise)

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Does any member of the family have a skill or interest they would share with us as part of our program (e.g. love of gardening or cooking, musical instrument, sports skills)

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Any relevant information you would like to include.....

We really appreciate the time you have taken to fill in this sheet. Thankyou