



Before & After Child Information Form School Year 2020-2021

Child's Name (Please Print): _____

Nickname(s): _____

Is this your child's first experience in a Before & After School Program? _____

If no, please explain.

Tell us about your child's personality.

What does your child like to do for fun?

Is there anything else we need to know about your child?

Special Accommodations

Please list any special needs, allergies, chronic illness, medications/dosages and time, medical information or accommodations (i.e. ADA) and any additional information necessary to understand and care for your child.