



After-School Children's Information

Child's File /Classroom

Child's name: _____ DOB: ___/___/___ Age: _____ Sex: _____

Will your child be at The Learning Connection: Before school After School Before & After School

What elementary school does your child attend? _____

What is the bus number of the bus that your child rides? _____

Do you want your child to work on homework at TLC? _____

Has your child had previous childcare placement? () Yes () No

Where was your child enrolled? _____

Are any medications given regularly? () Yes () No

Who is the primary contact? _____

What is your child's favorite food? _____

What food does your child dislike? _____

What sort of discipline works best for your child? _____

How does your child behave when sick? _____

How is your child most easily settled when upset? _____

What are your child's favorite activities, toys, books, or games? _____

Does your child participate in organized sports activities? _____

Comments: _____

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date