



Carelot Clubhouse- School Age Child Fact Sheet



Child's Name: _____

Health:

Any serious illness or hospitalization? _____

Any physical disabilities? _____

Any allergies? _____

Any food your child cannot have? _____

Personal Hygiene - Kindergarten

Can your child indicate his/her bathroom needs? YES NO

Is your child independent with toileting? YES NO _____

Family:

Do you have any siblings? YES NO

If Yes: Names and Ages of Siblings: _____

Martial Status of Parents: Married Separated Divorced Widow Single

Social :

Describe your child socially and emotionally:

What are your child's dominant play interests? _____

Does your child have any special fears that you are aware of? _____

Does your child have any problems with speech, vision, hearing, muscular coordination, etc.? Yes No

If yes, please explain: _____

How does your child adjust to new adults, children and situations? _____

Behavioral:

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

Is there any additional information that will help us to understand your child better?

Parent/Guardian Signature: _____ **Date** _____