

MANN BASP

INTAKE SHEET

The following is a required registration form for Mann Before and After School Program. The questions contained in the form are designed to help us understand your child and enhance your child's experience in our program. All information is confidential and will be used for program use only. We ask that each parent/guardian/custodian complete all questions clearly and notify the program director of any changes throughout the year. We are delighted to have your child enrolled in Mann BASP and hope you will be pleased with the quality of care our program provides.

Child's Identification Information:

_____	_____
Child's Full Name	Nickname
_____	_____
Address	Phone #
Sex _____ Birthdate _____ Grade _____	Teacher _____

Family Information: Parents/Guardian/Custodian:

_____	_____	_____
Name	Home Address	Place of Employment
_____	_____	_____
Name	Home Address	Place of Employment
Single _____ Married _____ Divorced _____ Separated _____ Foster Parent _____		

Names and ages of other children in the home:

_____	_____
_____	_____

Child's Medical History:

Allergies: (food, medication, bees, dust, smoke, milk, etc.)

Does your child take medication for this condition? Yes _____ no _____

Will the medication be taken during program hours? Yes _____ no _____

OVER

If yes, please state name and dosage and how the medication is to be given. (refer to your Parent Handbook). _____

What should we do if your child has a problem related to any illnesses or allergies described above during program hours?

Play and Sociability:

How would you describe your child when playing with others?

Loner _____ Assertive _____ Physical _____ Quiet _____ Outspoken _____ Shy _____
Aggressive _____ Competitive _____ Cooperative _____ Domineering _____ Other _____

Personality and Emotional Development:

Is your child affectionate? _____ To Whom? _____

Does your child accept new people easily? Yes _____ No _____

What are your child's fears? _____

What nervous habits does your child have? _____

Is your child's feelings hurt easily? _____

Discipline:

When you find it necessary to discipline your child, which parent usually does it and how?

Other Information:

Please list some of your child's favorites:

Snacks _____

Games _____

Other Activities _____

Give any further information that would be helpful in understanding your child or would enhance your child's experience in our program. _____
