## CHILD/FAMILY HISTORY

Cabot After School, Inc. requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or an additional sheet of paper to elaborate. Cabot After School, Inc. is committed to offering each child and family a positive, safe and interactive child care experience, cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment.

) 11/1 (11/1L)	DOB:
AGE OF SIBLINGS:	
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S PETS:	
S FAVORITE TOY:	
S FAVORITE FOOD & BE	VERAGE:
SELF SOOTHES BY:	
DESCRIBE CHILD'S EVE	ENING ROUTINE:
DESCRIBE CHILD'S MO	RNING BEFORE ARRIVING AT CABOT SCHOOL:
LIST ALL PERSONS WH	O LIVE WITH CHILD & THEIR RELATIONSHIP TO CHILD:
DESCRIBE ANY PREVIO	OUS EXPERIENCE CHILD HAS IN CHILD CARE:
IF YES, PARENT/GUARDIA MAY ATTEND PROGRAM.	ECTING THIS CHILD?YESNO AN MUST PROVIDE A CERTIFIED COPY OF COURT ORDER BEFORE CHILD IF NO, PLEASE BE AWARE THAT AS PER THE LAW, BOTH PARENTS WILL BE
FURTHER EXPLANATION ( HE CHILD HAVE ANY AI	CCESS TO THE CHILD. PLEASE REFER TO PARENT HANDBOOK FOR OF THIS POLICY OR SPEAK WITH CENTER DIRECTOR.  DDITIONAL NEEDS? PLEASE LIST ANY SOCIAL, EMOTIONAL, L. OR LEARNING DISABILITIES MEDICAL REQUIRMENTS
	L, OR LEARNING DISABILITIES, MEDICAL REQUIRMENTS, ITAL ALLERGIES AND/OR IEP'S:
	AGE OF SIBLINGS:  AGE OF SIBLI

Cabot After School, Inc. complies with all laws and regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. Cabot After School, Inc. will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with Cabot After School, Inc. to determine a reasonable accommodation.