



**Child's development needs:**

Physical or emotional problems the child might have: \_\_\_\_\_

Child's special food needs: Formula \_\_\_\_\_ Diabetic diet \_\_\_\_\_ Allergies \_\_\_\_\_

Special problems: Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent colds \_\_\_\_\_ Biting \_\_\_\_\_

Sun Sensitivity \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed wetting \_\_\_\_\_ Other \_\_\_\_\_

Requires help in: Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Washing hands \_\_\_\_\_

Child is toilet trained Yes \_\_\_\_\_ No \_\_\_\_\_ Words used in toileting \_\_\_\_\_

Favorite: Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

Siblings? Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) of siblings: \_\_\_\_\_

Type of child care used before: \_\_\_\_\_

Other useful information \_\_\_\_\_

I will pick up my children every day before 2:45 p.m.     My children are in a *carpool* w/ \_\_\_\_\_  
 \_\_\_\_\_ will pick up my children on \_\_\_\_\_ and will be picked up every day **before 2:45 p.m.**  
 Mon     Tue     Wed     Thu     Fri

My child(ren) ride the \_\_\_\_\_ van/bus after school.  
Van/Bus - Phone # \_\_\_\_\_  
 Mon     Tue     Wed     Thu     Fri

My child(ren) **are** registered in CHRIST THE KING  
AFTERSCHOOL CARE.  
 Mon     Tue     Wed     Thu     Fri

My child(ren) **are not** registered in CHRIST THE KING  
AFTERSCHOOL CARE, but if they have not been  
picked up by 3:00 p.m., you have my permission to  
send them to CHRIST THE KING AFTERSCHOOL  
CARE and I will pay the current per-child drop-in rate.

**ALL CHILDREN NOT PICKED UP BY 3:00 P.M. ARE SENT TO CHRIST THE KING AFTERSCHOOL CARE AND THE CURRENT DROP-IN RATE IS APPLIED.**