



CONEJO VALLEY UNIFIED SCHOOL DISTRICT CHILD CARE PROGRAM STUDENT INFORMATION

*Please help us do our job! This information helps us
be more successful in meeting your child's needs.*

Child's name: _____ Date _____

1. How would you describe your child's personality?

2. What are your child's interests and favorite activities?

3. We have a homework time daily (in our after-school program, not Kindergarten Enrichment). Do you want your child to do homework with us?

Yes No

(Please take responsibility for communicating your homework expectations to your child as well as to the Child Care staff.)

4. Please describe your child's special needs (physical, academic, social, etc.)

5. Does your child have an IEP (Individual Education Plan)? Yes No
(On file at Child Care office)

6. List your child's medication to be taken regularly before school, during school or during Child Care (a separate authorization is required for us to administer medication; forms are available in the school front office or Child Care office). Also indicate the possible side effects of the medication.

7. Do you have special interests or talents to share with the child care program?

_____ Email: _____

8. Other useful information may be noted below. Thank you!

Parent/Guardian Print Name

Parent/Guardian Signature

Daytime email address

Daytime phone number