



## Little Red Apple Learning Center

### Afterschool Program

8539 Kennedy Boulevard  
North Bergen, NJ 07047

### WELCOME TO OUR SCHOOL

Please answer all questions completely and clearly. The information will help us develop a positive relationship with your child.

### IDENTIFYING DATA: (Please print or type)

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age of Child \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Teacher \_\_\_\_\_

Days Child is to be Picked Up: (Please Circle) M, T, W, TH, F

### FAMILY DATA:

Family Unit: (Please Circle) Two Parents, One Parent, Legal Guardian,  
Other

Mother/Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Father/Spouse's Name (whether in home or not) \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**FAMILY:**

Please list other siblings/children in the household (use last name if different from child).

<b><u>NAME</u></b>	<b><u>AGE</u></b>	<b><u>SCHOOL</u></b>	<b><u>GRADE</u></b>
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- 1.
- 2.
- 3.
- 4.
- 5.

Please list other adults in the household (use last name if different from child).

<b><u>NAME</u></b>	<b><u>AGE</u></b>	<b><u>RELATIONSHIP TO CHILD</u></b>
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- 1.
- 2.
- 3.
- 4.
- 5.

## **BEHAVIORAL CHARACTERISTICS**

How would you describe your child's role in the family?

Has there been any major changes in the family such as divorce, separation, death, recent move, hospitalization, illness, etc? If yes, explain and give details.

How would you describe your child's personality?

Does your child have any particular habits, mannerisms, or nervous habits, such as nail biting, etc.? If yes, please explain.

Does your child have any particular fears or insecurities? If yes, please explain.

Does your child speak any languages other than English?

Does your child have any learning disability(ies) or behavioral problems? If yes, please explain.

Does your child have any physical handicaps or limitations? If yes, please explain.

Does your child have any emotional disturbances? If yes. Please explain.  
Are there any significant circumstances regarding your child's physical or emotional status that we should be made aware of? If yes, please explain.