

# Child Information Sheet

This form must be completed by all parents for their child(ren) attending any of the activities in the Fin-n-Fun School Age Program.

Please review the following list of special needs. If your child has been identified as having one or more of these special needs, please indicate which needs have been identified.

Food Allergies	Yes_____	No_____
Behavior Disorder (Specify)	Yes_____	No_____
Physical Disabilities (Specify)	Yes_____	No_____
Speech/Language Disorder	Yes_____	No_____
Hearing Impaired	Yes_____	No_____
Developmentally Delayed	Yes_____	No_____
Diabetes	Yes_____	No_____
Asthma	Yes_____	No_____
Vision Impaired	Yes_____	No_____
ADHD (Attention Deficit Hyperactivity Disorder)	Yes_____	No_____
ADD (Attention Deficit Disorder)	Yes_____	No_____
Breathing Difficulties	Yes_____	No_____
Heart Monitor	Yes_____	No_____
Seizures	Yes_____	No_____
Lead Poisoning	Yes_____	No_____
Attending an At Risk Preschool or Pre-K	Yes_____	No_____
Other Medical or Mental Condition (Specify)	Yes_____	No_____

Specify identified conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date