

Calvary Chapel Lake Arrowhead
R.O.C.K. After School Child Care

Please tell us a little about your child and your family:

Names and ages of brothers and sisters: _____

Names of other people in the household (grandparents, uncles, aunts, cousins, etc.): _____

Does your child have previous childcare experience? YES _____ NO _____

If yes, please give some details: _____

What are your child's favorite activities? _____

Does your child prefer to play (circle one): Alone With siblings
With adults with older children With peers

Do you consider your child: easy to manage hard to manage

Does your child have fears? YES _____ NO _____ If yes, give details: _____

Is there any stress (past or current) in your home that may be affecting your child? YES _____ NO _____

If yes, please describe briefly the situations: _____

All information will be kept in strict confidence.

Your child's strengths: _____

Your child's weaknesses (problem areas): _____

How are you working on these? _____

What method of discipline is used at home? _____

Background Information Provided By:

Print Name

Relationship to Child

CCLA R.O.C.K. School Aged Program Admission Agreement & Contract Received

We have received a copy of the Calvary Chapel Lake Arrowhead R.O.C.K. School Aged Program Parent Handbook. We have read all the policies of the program, understand them, and agree to abide by their requirements.

Signature/Date

Signature/ Date