

Stay and Play Before and After School  
102 W Rose Tree Rd.  
Media, PA 19063  
610-891-0600 Ext. 101 or 102

## Stay and Play Child Information Sheet

Child's name: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Siblings: \_\_\_\_\_

1. Do we have permission to contact your child's teacher/school to help staff with concerns?

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2. Does your child have an IEP or GIEP? If yes, can we have a copy for our staff to review to help your child meet their goals? This will be kept confidential, as always. Do they receive services at school, like, OT, PT, speech?

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3. What does your child enjoy doing most?

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

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5. How does your child handle conflict?

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6. How does your child handle changes in their routine? Any suggestions/advice to help them?

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7. What else should we know about your child to prepare for a successful experience here?

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