**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-2021/2022**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. Does your child have an IEP or GIEP, 504 Plan? If yes, can we have a copy for our staff to review to help your child meet their goals? This will be kept confidential. Do they receive services at school, like OT, PT, speech?

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1. What does your child enjoy doing most?

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

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1. How does your child handle conflict?

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

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

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