



About My Child Form

School's Out

(Please fill out one form for each child and return to Site Director on the first day of program.)

Child's Name:

School Name:

This is your chance to help introduce your child to your Site Director and other School-Age Staff at the School's Out Program!

Child Responses:

1. My favorite thing to do is: _____
2. The 3 words that best describe me are: _____
3. When I feel upset, I: _____
4. The #1 thing you should know about me is: _____
5. What are you most excited about at School's Out?

6. What are you nervous about at School's Out?

7. What activity are you most looking forward to?

8. I have ___ brothers and ___ sisters, their names and ages are:

Parent Responses:

1. How would you best describe your son or daughter?

2. Does your child make friends easily or need encouragement?

3. What do you hope that your child gain from being in the School's Out Program?

4. At YMCA School's Out we expect children to follow the YMCA's 4 Core Values (Caring, Respect, Responsibility, & Honesty). Will your child struggle with any of these values?

5. Please provide us with any other information, suggestions, or ideas that will help your child's experience at School's Out more enjoyable:

6. My child is afraid of:

7. Please list your child's favorite:

a. Snack food _____

b. Song _____

c. Book/Character _____

d. Toy or Stuffed Animal _____

e. Game _____

f. Indoor Activity _____

g. Outdoor Activity _____