



YMCA Before and After School Care Program Social Resume

Please complete 1 form per child

Child's Name: _____ M F School: _____

Does your child have a nickname? Yes No If yes, what is it? _____

Does your child have siblings? Yes No
Names of brothers and sisters (include nicknames): _____ Birth dates: _____

What languages are spoken in your home? _____

Does your child have any pets? Yes No If yes, what are they? _____

What foods do you NOT permit your child to eat? _____

Is your child shy? Yes No Sometimes

With whom? _____

When? _____

Does your child make new friends easily? Yes No Please comment further: _____

What activities does your child like? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

Please provide any additional information that would be helpful for us in understanding and caring for your child:

Parent Signature: _____ Date: _____