



CHILDREN'S CONTINUOUS CARE INC.

"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

SCHOOL AGE CHILD PROFILE

Child's Name: _____ **Date of Birth:** _____

Where **has** your child been in care previously? _____

What is the most important thing for us to know about your child? _____

What **grade** is your child in? _____

Is he/she **able** to read? _____

What **type** group experiences has your child been involved in? _____

What, if any, **concerns** do you have regarding your child's development? _____

Is your child **able** to tie his/her own shoes, zip or button his/her own coat, etc? _____

What special **interests** does your child have? _____

Does your child **have** any physical limitations and if so, the reasons for them? _____

Does your child take **any** medications on a daily basis? If yes, please state the name of the medication, reason for medication and any possible side effects. (A pharmacy print-out of this information would be helpful.)

Does your child **have** allergies of any kind? _____

Does your child exhibit any fears? _____

By nature is your child friendly or shy? _____

How does your child relate to new people? _____

What makes your child angry? _____

How does your child show feelings? _____

**A time period is set aside daily after snack and before going outside to play for children to either read or do homework. Do you wish your child to complete his/her homework here at CCC? _____

Please state any other pertinent information you believe would be helpful to us in caring for your child. _____

Parent/Guardian Signature: _____ **Date:** _____