



Administrative Office
89 Portsmouth Avenue
Stratham, NH 03885
P: 603.772.9830
F: 603.772.4917

Exeter Center/School Age Office
13 School Street
Exeter, NH 03833
P: 603.772.4132
F: 603.772.5962

Newmarket Center
3 Simons Lane
Newmarket, NH 03857
P: 603.659.2324
F: 603.659.6882

Pease Center
81 New Hampshire Avenue
Portsmouth, NH 03801
P: 603.766.5437
F: 603.766.5439

SCHOOL-AGE BACKGROUND INFORMATION FORM

Child's full name _____ Date of Birth _____

Parent/Guardian Name(s) _____ Marital Status _____

Address _____ phone # _____

Site child is enrolled at _____ Date of enrollment _____

Child's daily schedule _____

Has your child had any previous Afterschool or Summer Camp experiences? _____

If so, where and for how long? _____

What are your child's favorite activities? _____

Does your child have any fears? _____ If so, what? _____

What methods of discipline do you use at home? _____

What would you like your child to experience in our program? _____

Please explain your child's eating habits _____

FAMILY HISTORY

Is your child natural, adopted, foster? _____

What is the primary language spoken in your home? _____ If it is another language

other than English, can your child speak and/or understand English? _____

Please list the names of all household members below:

NAME	RELATIONSHIP TO CHILD	AGE (child)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH HISTORY

Does your child have any allergies? _____

Has she/he ever been stung by a bee? _____ If so, did your child have a reaction? _____

Does your child have an I.E.P. (Individualized Education Plan) or other special circumstances while at school?

If so, please explain: _____

Please attach I.E.P. to this form.

Does your child have a one-on-one aide while at school? _____

If so, why? _____

Has your child ever been hospitalized or had a serious accident? _____

Please list any medications your child takes regularly and why they are taking them: _____

Please write below any additional information that you feel would be helpful for your child's teachers to know about your child: _____
