



THE MANDEL JEWISH COMMUNITY CENTER  
OF CLEVELAND  
WE'RE RENOVATING & EXPANDING!

# The Mandel JCC School's Out

## After School Care 2010 - 2011

Kindergarten – 6<sup>th</sup> Grade

### Confidential Student Profile

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

We are interested in providing the best possible after school care for your child. In order to accomplish this it is necessary to have as much detailed information as possible about your child's habits, likes, and dislikes. We would appreciate your giving the following questions your careful attention. Be assured that any information you supply will be treated with confidentiality by the School's Out Director and may be shared only with selected staff, if necessary. As the year progresses, please continue to share any new issues of concern that might affect your child, so that the School's Out staff can assist in making your child's after school experience as successful as possible.

Parent's Status: \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single

#### Sibling Information:

Brothers \_\_\_\_\_ Ages \_\_\_\_\_ Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Step Brothers \_\_\_\_\_ Ages \_\_\_\_\_ Step Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Has there been a recent event in the family that may be of concern to your child (e.g. divorce, separation, death, etc.)

What are your child's favorite and least favorite activities? (Likes/dislikes, games, hobbies, etc...)

Do you see your child as a group leader? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Explain:

Does your child make friends easily?     Yes     No

Is your child presently (or recently) engaged in treatment or counseling with a social worker, psychologist or psychiatrist?     Yes     No

Are there any special medical or dental problems that will require attention by the School's Out staff? Please give full details:

Does your child have any allergies (i.e. bug bites, food, animals, etc.): If so, what special precautions or treatment should be taken?

List any medications; food supplements, modified diets, or fluoride supplements currently being administered to your child.

Please take a moment to share with us any information that you feel will help us make your child's after school care a positive, growing experience.

Thank you for this information.