

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name <i>(Last)</i>	<i>(First)</i>	FOR SCHOOL AGE CHILD CARE
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family? 1.		
Who lives at home with your child? 2.		
What is the primary language spoken in your child's home? 3.		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details? 4.		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details? 5.		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.) 6.		
Do you have any pets at home? If so, what are they and what are their names? 7.		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.) 8.		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. <i>(Check all that apply)</i> How much and how often? 9.		
Does your child have any favorite foods? 10.		
Does your child dislike any foods? 11.		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions) 12.		

Please check all of the words that best describe your child's personality and behavior

- active adventurous affectionate anxious bossy bright busy calm cautious cheerful
 content creative curious easily-angered emotional energetic excitable friendly gives-in-easily
 happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing
 prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative
 other:

13.

Are there additional personality and behavior characteristics that would be useful to know about your child?

14.

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

15.

What routines/actions or items do you use to comfort your child?

16

What causes your child to feel angry or frustrated?

17.

What methods do you use to respond to your child's negative behavior?

18.

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

19. N/A-----

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

20. N/A-----

My child sits in a child size chair or adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

22. N/A-----

Does your child need assistance when using the toilet? If so, how?

23. N/A-----

What words, gestures or signs does your child use if he/she needs to use the bathroom?

24. N/A-----

What time does your child normally go to bed at night and wake up in the morning?

25.

What time(s), and for how long, does your child usually nap?

26. N/A-----

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

27.

What might you and/or your child be anxious about as he/she starts in this program?

28.

What are you and/or your child excited about as he/she starts in this program?

29.

What are your expectations of this program?

30.

What other information would be helpful for the staff caring for your child to know?

31.

PLEASE SEE THE STUDENT CONTRACT. STUDENT WILL COMPLETE THIS FORM WITH THE FAMILY AND RETURN TO SCHOOL AS SOON AS POSSIBLE.

Parent/Guardian's Signature

Date

St. Benedict the Moor's Believers to Achievers Afterschool Program

Student's Behavior Contract

2020- 2021

Students: Please complete this form with your family and return it to school as soon as possible.

Student's Name _____ Age _____

My best subject is _____.

My worst subject is _____.

This year, I would like to learn _____.

Something new I would like to do this year is _____.

My family can help me most this year by _____.

My teacher can help most this year by _____.

Parents'/Guardians' Names _____.

My child's strengths are _____.

My child needs help with _____.

This year, I would like my child to _____.

St. Benedict the Moor's Believers to Achievers Afterschool Program

Student's Behavior Contract

2020- 2021

*******COVENANT*******

1. I will keep my hands and feet to myself.
2. I will not hit, push, trip, or pinch another person.
3. I will not threaten to do physical harm to another child or After School employee, or show intent to do harm by raising a fist, swinging an object or other similar actions.
4. I will not use obscene language or gestures.
5. I will not be excessively loud or verbally harass other students or After School employees.
6. I will not argue with or behave in a disrespectful manner to any person or After School employee.
7. I will not intentionally damage or destroy equipment, furniture, toys, etc. a. Parents will be responsible for payment to repair or replace any and all property at the facility whether owned by St. Benedict the Moor Catholic School or After School employees if your child causes damage.
8. I will not leave my group for any reason without permission.
9. I will clean up after myself including any toys, games, crafts and snack/lunch.
10. I will keep my mask on at all times, and obey social distancing rules.

I recognize that if I do not obey the rules listed above and obey my counselors; my parents/guardians will be notified. I also understand the consequences of my actions. Being on my best behavior at all times will make the St. Benedict the Moor Catholic School Believers to Achievers Program more fun for me, my friends, the teachers and my family!

Student Signature _____ Date _____

Parent Signature _____ Date _____