

Child & Family Interest Survey (copy page to the child's teacher)

**Tell Us About Your Child, Your Family, and Your Interests
so that we can Individualize our Services to Meet Your Needs**

Center Name _____ Date _____

Name of Child _____ Parent's Name _____

Things I would like my child to gain from their experience at Sheltering Arms...

The way my family celebrates family celebrates holidays, birthdays, or special events...

My child's favorite toys, books, and activities...

His/her favorite foods and any nutritional needs...

The words my child may use or the way my child may express

happiness	sadness	need to potty	dislikes	wants something	anger or upset	Other expressions	

Here is how well my child does (draw a ♥ on the scale to show your child's temperament)

In the morning	Not so well 1-----3-----5 Very well
In the afternoon	Not so well 1-----3-----5 Very well
At nap time	Not so well 1-----3-----5 Very well
Eating	Not so well 1-----3-----5 Very well
Playing with others	Not so well 1-----3-----5 Very well
Playing alone	Not so well 1-----3-----5 Very well
At Bedtime	Not so well 1-----3-----5 Very well

Parent Signature _____ FSC Signature _____

Center Name	Date
Name of Child and Child's Nick Name	Parent's Name

Family / Community Services My Family Might Need or Enjoy

- LIHEAP(Help paying your energy bills)
- Link Up Georgia (Help paying for the installation of a phone line)
- LifeLine(Help paying your local phone bill)
- Food Stamps(Help paying for healthy food)
- PeachCare for Kids (Health insurance for children)
- Right from the Start Medicaid (Medical care for pregnant women and children)
- Low-Income Medicaid (Health insurance for adults and families)
- WIC (Nutrition program for pregnant women and children)
- Together RX Access (Discount card for prescription drugs)
- Free Tax Prep (Free help preparing your taxes and claiming tax credits)
- EITC (A tax credit for families who are working but do not have a high income)
- Federal Child and Dependent Care Tax Credit (Allows families to deduct some of their child- or dependent-care expenses)
- Child Tax Credit (Allows families with children to pay less income taxes)
- CAPS (Help paying for child care)
- Free Checking Accounts (Information about free checking accounts)
- Buying Your First Home (Resources for first-time home buyers)
- Repairing Your Credit (Tips on how to repair your credit)
- Early Head Start (Health and childcare program for pregnant women, infants and children)
- Head Start (Helps children ages 3-5 get an early start to education)
- Child Nutrition Program (Free or reduced-price meals for students at school)
- Georgia Pre-Kindergarten (Free education program for four-year olds)
- FAFSA (Free Application for Federal Student Aid, United States Department of Education-help to pay for college)
- Other _____
- www.earnbenefits.org (a free and public website designed to help families find information about benefits and services)

CITY OF ATLANTA RESIDENTS: I Authorize and Give Consent to Sheltering Arms staff to begin a screening process through the Earned Benefits website for the services I have requested above. I understand that the staff will contact me with more information about the services and the next steps for services for which I may be eligible.

Parent Signature _____

Date _____

Parent Signature _____ FSC Signature _____

Center Name	Date
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Please Check all that Apply:

Family / Parenting Workshops, Parenting Classes and Other Interests	Family / Volunteerism Ways I Would Like to Volunteer
<ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Developmental Stages <input type="checkbox"/> How Children Learn To Read And Write <input type="checkbox"/> Good Books to read to children <input type="checkbox"/> Activities Or Games I Can Make To Help My Child Learn <input type="checkbox"/> GED Classes Or The GED Test <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Free Or Low Cost Family Outings <input type="checkbox"/> Positive Parenting <input type="checkbox"/> Effective Discipline <input type="checkbox"/> Prenatal or Postnatal Care <input type="checkbox"/> Healthy Eating Or Other Nutritional Information <input type="checkbox"/> Grow Healthy Together Monthly Themes <input type="checkbox"/> Mental Health Monthly Themes <input type="checkbox"/> Preventing Health Problems <input type="checkbox"/> Finding A Job <input type="checkbox"/> Voter Registration <input type="checkbox"/> Consumer Education, Budgeting and Money Management <input type="checkbox"/> Recreational, leisure activities, or craft classes <input type="checkbox"/> Personal safety <input type="checkbox"/> Using a computer <input type="checkbox"/> Obtaining a Library Card <input type="checkbox"/> Teaching my child to be safe <input type="checkbox"/> Other information or workshops that might like, please list 	<ul style="list-style-type: none"> <input type="checkbox"/> Send refreshments for parties <input type="checkbox"/> Help with classroom parties <input type="checkbox"/> Send theme related items for classroom use <input type="checkbox"/> Share a special talent, such as, music, arts/crafts, other <input type="checkbox"/> Serve on the Health and Wellness Committee <input type="checkbox"/> Help make teacher made games activities <input type="checkbox"/> Read a story on weekly basis or on some regular schedule <input type="checkbox"/> Help with breakfast or lunch <input type="checkbox"/> Help with breakfast or lunch on these days _____ <input type="checkbox"/> Go on field trips <input type="checkbox"/> Check out books from the library for themes <input type="checkbox"/> Lawn maintenance <input type="checkbox"/> Facility maintenance <input type="checkbox"/> Substitute in the classroom when teachers are absent <input type="checkbox"/> Serve on the Advisory Committee <input type="checkbox"/> Assist with Reading is Fundamental Book Events – Family of Readers <input type="checkbox"/> Center fund raising <input type="checkbox"/> Make photos or videos of center events <input type="checkbox"/> Monthly Themes for Grow Healthy Together or Mental Health <input type="checkbox"/> Help with holiday events <input type="checkbox"/> Help with the Week of the Young Child (in April each year) <input type="checkbox"/> List other ways you would like to volunteer: <input type="checkbox"/> List the days and times you, or other family members and friends are available to volunteer

Parent Signature _____ FSC Signature _____