

## Family Contract Agreement

It is agreed that your child/children will start attending the center on \_\_\_\_\_.

Your first payment will be due on the first day of attendance each week in the amount of \$\_\_\_\_\_.

I/We have read and agree with the above statements in the Family Contract.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

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Director/Assistant Director Signature

Date

## Seesaw Information for Families at Creative Kids

We are currently using the Seesaw program here at Creative Kids. This is an app parents can either download to your computer or phone. Seesaw allows the classroom teachers to send and receive messages from parents, it also allows teachers to send pictures to parents throughout the day of different activities your child is doing. You may also receive the newsletter or reminders through the seesaw app. We have found this is a great way for parents and teachers to stay connected.

If you choose to come to Creative Kids, you will receive a code and the information you will need to get connected.

Below are some frequently asked questions about Seesaw. If you have any additional questions about the program please be sure to ask.

### Frequently Asked Questions

**What can families see?** Families can view the work posted in their own child's journal. Families do not see the work of everyone else in the class.

**How many family members can connect to a student?** 10 family members can connect to each student.

**Can family members add another child to their account?** Yes, family members can connect up to 10 children. Families adding another child should sign in to their account, tap their profile icon, than choose +Add Child's Journal.

**Do you have the family invites in other languages?** Yes, from the Seesaw app or website, you can get invites in 10+ common languages.



INTAKE SHEET

Child's Identification Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Name of School, if attending \_\_\_\_\_

Family Information: Parents or Guardians

Name	Address	Place of Employment	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Foster Parent

Names and ages of other children in the home:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact

Name	Address	Place of Employment	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Play and Sociability

How does your child get along with other children? \_\_\_\_\_  
\_\_\_\_\_

His/Her usual playmates are \_\_\_\_\_ girls \_\_\_\_\_ boys \_\_\_\_\_ older \_\_\_\_\_ younger

What is the usual size of your child's playgroup? \_\_\_\_\_

Previous group experience other than school: \_\_\_\_\_ preschool \_\_\_\_\_ playgroup \_\_\_\_\_ Sunday school

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Personality and Emotional Development

Is your child affectionate? \_\_\_\_\_ To Whom? \_\_\_\_\_

Does she/he accept new people easily? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are your child's fear? \_\_\_\_\_

Is your child usually happy? \_\_\_\_\_ Yes \_\_\_\_\_ No

What nervous habits does your child have? \_\_\_\_\_

**Discipline**

When you find it necessary to discipline your child, which parent usually does this and how?

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**Infants and Toddlers**

Has your child had any feeding problems? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

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Have you noticed any allergies or sensitivities to particular foods? \_\_\_\_\_

What foods are your child eating now?

Fruits \_\_\_\_\_ Juices \_\_\_\_\_

Vegetables \_\_\_\_\_ Meats \_\_\_\_\_

Cereals \_\_\_\_\_ Milk (formula) \_\_\_\_\_

Sleep habits during the day: \_\_\_\_\_

Does your child have a "fussy" time? When? \_\_\_\_\_

How do you handle this "fussy" time? \_\_\_\_\_

Do you have special ways of helping your child go to sleep? If yes, how? \_\_\_\_\_

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Does your child use a pacifier or suck thumb/fingers? \_\_\_\_\_

Has toilet training been attempted? \_\_\_\_\_ Yes \_\_\_\_\_ No What is used at home? \_\_\_\_\_

Is your child's skin highly sensitive? \_\_\_\_\_ Yes \_\_\_\_\_ No What is used at home? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

Is your child frightened by anything? \_\_\_\_\_

**Other Information: Please list some of you child's favorites:**

Snacks and Drinks: \_\_\_\_\_

Games: \_\_\_\_\_

Other Activities: \_\_\_\_\_

Please give us any other information you believe will be helpful to us in understanding your child. \_\_\_\_\_

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