

# Little Paws Children's Centre

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## School Age Program Questionnaire

Welcome to Little Paws Children's Centre School Age Program. Please answer the following Questions to help us get to know your child better.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1) What school does your child currently attend?

\_\_\_\_\_

2) What grade is your child in?

\_\_\_\_\_

3) What are your child's strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What activities do they enjoy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Does your child have any challenges, fears, or dislikes?

\_\_\_\_\_

\_\_\_\_\_

6) Does your child have any Allergies or Health concerns?

\_\_\_\_\_

\_\_\_\_\_

7) What is your preferred method of communication? Phone Call, Email, Text

\_\_\_\_\_

\_\_\_\_\_

8) Is there any other information you would like to share about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this questionnaire, we look forward to providing quality care to your child and working with you as a team.