

Fairfax County Park Authority

Oak Marr Drop-In Childcare

All About Me

Child Name: _____

Nickname: _____

Age: _____ Date of Birth: _____

Parent(s)/Guardian:

Name: _____

Phone: _____

Name: _____

Phone: _____

Additional Information and Personality Questions

Does your child have any known allergies, or take any regular medications?

Is an Epi-Pen required for allergic reactions? Yes No

Is your child toilet trained? Yes No

What are your child's favorite games or activities?

When your child is upset, what helps to comfort him/her?

Would you like additional information on special events, activities and workshops planned for children/parents in the drop-in Childcare room?

Email: _____

PLEASE RETURN THIS FORM TO CHILDCARE STAFF