

Clarence Children’s Services OSHC

**Getting to know you…**

This form is to be completed by each child enrolling, with parent help.

Child’s Name: Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Tell us about your favourite thing to do?

………………………………………………………………………………………………………

1. What is your favourite sport? Do you like to play /do or watch it?

………………………………………………………………………………………………………

1. What is your favourite Movie?

………………………………………………………………………………………………………

1. Tell us about your family

………………………………………………………………………………………………………………………………………………………………………………………………………………

1. If you were a superhero, what would your special power be?

………………………………………………………………………………………………………

1. What would you like to be when you grow up?

………………………………………………………………………………………………………

1. What food do you like the most? What food do you like the least?

………………………………………………………………………………………………………

1. What art and craft activities do you like?

………………………………………………………………………………………………………

1. How do you like to relax after school?

………………………………………………………………………………………………………

**We look forward to meeting you at After School Care…**