

Help us to learn all we need to know to help your child have an enjoyable time at Summer Camp. The more we know about your child the better we can meet their individual needs. All answers will be kept confidential between the Summer Camp Director and the child's teacher.

Child's Name:	
Parent/Guardian Names:	
Child's Favorite Food:	
Household:	
Who does your child live with:	
Who lives in your child's household:	
Parents (married, separated, divorced):	
Custody Situations (court orders, restraining orders, etc.):	
How do you discipline at home (time out, restrictions):	
What time does child go to bed and wake up:	

## Social/Behavioral:

My child likes to: (Circle all that apply)			
Listen to stories	Go to a friend's house	Play alone	
Draw & color	Play make believe	Play quiet games	
Play outside	Build things	Write stories	

I would say my child's personality traits are (Circle all that apply)

Shy	Outgoing	Independent	Sensitive
Creative	Chatty	Thoughtful	Competitive
Energetic	Friendly	Strong-Minded	Blunt
Patient	Organized	Mischievous	Adaptable

My child's strengths are?			
My child learns best by?			
Has your child experienced any emotional trauma this year (death in family,			
separation, divorce, etc.)?			
What is your child's love language (words of affirmation, acts of service, receiving			
gifts, hugs & high fives, quality time):			
Does your child have a current IEP:			
What is your child's favorite toy or "stuffy" name?			
What does your child do when they are sad, mad, or hurt?			

Is there anything else you would like to share about your child?\_\_\_\_\_

## Communication:

How would you like us to communicate positive & challenging behaviors with you:

- $\hfill\square$  Note home
- $\Box$  Call right away
- $\hfill\square$  Face to face
- 🗌 Text
- 🗆 Email

## Community:

- □ In-Shape Membership
- $\Box$  Rock n Jump Membership
- □ Others:\_\_\_\_\_

## School:

What school does your child attend:\_\_\_\_\_