



Who lives at home: { Mother { Father { Sister { Brother  
{ Grandparent { Other: \_\_\_\_\_

Has your child been away from home more than two days? \_\_\_\_\_

Has your child attended a summer program before? \_\_\_\_\_

What are your child's responsibilities at home?

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Does your child make friends with: { Own Age { Younger  
{ Older

Does your child get along with others: { Easily { Fairly Easily  
{ With Difficulty

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GROUP PLACEMENT (optional)

Please limit your request to a maximum of two. We will make every effort to accommodate your requests.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Chief interests and hobbies: \_\_\_\_\_

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What goals do you have for your child this summer? (skills development, socialization, etc.) \_\_\_\_\_

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CHARACTERISTICS - (Please check those which are appropriate.)

{ Cooperative { Easy Going { Leader

{ Alert { Sensitive { Strong Willed

{ Cheerful { Team Worker { Social

{ Easily Led { Shy { Assertive

What clubs, sports or after school activities does your child participate in?

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State special fears, if any \_\_\_\_\_

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APPETITE: { Robust { Normal { Below Average

State food restrictions\Allergies: \_\_\_\_\_

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HEALTH: { Robust { Normal { Below Average

State any activity restrictions: \_\_\_\_\_

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ALLERGIES: (Bees, dust, mold, grass, etc.) \_\_\_\_\_

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Please use the reverse side of this form for any additional information or comments.