ADDITIONAL REMARKS

Please use the space below to provide us with additional information which you feel would better assist us in understanding your child.				
MAPLEWOOD				

Maplewood School & Summer Program
Established 1949

2166 Wantagh Avenue Wantagh, New York 11793 (516) 221-2121

www.maplewoodschool.com

CONFIDENTIAL PROFILE

Please complete and return by April 1st.

Date:	
Child's Name:	Sex:
Telephone:	_ Date of Birth:
Address:	
City:	Zip:
Father's Name:	
(F) Business Phone:	Cell Phone:
Mother's Name:	
(M) Business Phone:	Cell Phone:

Summer the way it "oughta" be.

Who lives at home: { Mother { Father { Sister { Brother	CHARACTERISTIC	ACTERISTICS - (Please check those which are appropriate.)		
{ Grandparent { Other:	{ Cooperative	{ Easy Going	{ Leader	
Has your child been away from home more than two days?	{ Alert	{ Sensitive	{ Strong Willed	
Has your child attended a summer program before?	{ Cheerful	{ Team Worker	{ Social	
What are your child's responsibilities at home?	Easily Led	{ Shy	{ Assertive	
	What clubs, sports of after school activities does your child participate in?			
Does your child make friends with: { Own Age { Younger { Older				
Does your child get along with others: { Easily { Fairly Easily { With Difficulty	State special fears, if any			
GROUP PLACEMENT (optional)	APPETITE: { Robust { Normal { Below Average State food restrictions\Allergies:			
Please limit your request to a maximum of two. We will make every effort to accommodate your requests.				
1. Name:	<u>HEALTH:</u> { Robust { Normal { Below Average			
2. Name:	State any activity restrictions:			
Chief interests and hobbies:				
What goals do you have for your child this summer? (skills development, socialization, etc.)	ALLERGIES: (Bees, dust, mold, grass, etc.)			
	Please use the reverse side of this form			

 $for \ any \ additional \ information \ or \ comments.$