

Who lives at home: Mother Father Sisters Brothers Aunt
 Grandparents Uncle Other _____

School Attending (Sept. '12): _____

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

Has your child been to camp/school previously? _____ Where? _____

What are your child's responsibilities at home? _____

Does your child make friends with: Own Age Younger Older

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

Give us some information about your child's swimming/athletic ability:

SWIMMING

ATHLETICS

- NON-SWIMMER
- BEGINNER
- INTERMEDIATE
- ADVANCED

- NOT REAL INTERESTED IN SPORTS
- ENJOYS ATHLETICS
- FAIRLY ATHLETIC
- VERY ATHLETIC

Chief interests and hobbies: _____

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

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?

State special fears, if any _____

Appetite: Robust Normal Below Average

State Food Allergies: (ie: Peanuts, milk, etc.) _____

State Food Restrictions: (ie: Kosher) _____

Health: Robust Normal Below Average

State any activity restrictions: _____

Allergies: (Bees, pollen, medications, etc.) _____

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