

Caughlin Adventure Camp



All About Your Child!!

Since we do not know your child yet, we ask that you please fill out this form. Some of these questions are very personal, but we do feel the answers will help us to get to know your child and family so we can provide the best individual care for your child. Please note this form is given to your child's counselors prior to them being in our program.

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname/ Preferred: _____ Birth Date: _____ Gender: Male Female

ROUTINE INFORMATION:

Feeding?

Eats breakfast at _____ Snack _____ Lunch _____ Snack _____ Dinner _____

Favorite foods: _____ Dislikes: _____

Any food Allergies? _____ Reaction: _____
Allergy: _____ Reaction: _____
Allergy: _____ Reaction: _____

HOME LIFE:

NAMES:

Whom does your child live with: _____ both parents: _____
(Please list name.) _____ mom: _____
_____ dad: _____
_____ grandparents: _____
_____ Other: _____

Siblings? Please list:

	Siblings Name	Age	Live at home?	
1.	_____	_____	Yes	No
2.	_____	_____	Yes	No
3.	_____	_____	Yes	No
4.	_____	_____	Yes	No

Pets? Please list:

	Pets Name	Type of animal?
1.	_____	_____
2.	_____	_____

Child's favorites:

Activity: _____
Collections: _____
TV Shows: _____
Song/Artist: _____
Color: _____

Please tell us if your child has had any rough transitions throughout life? (Examples: foster care, CPS, living with grandparents, mom/dad not involved, divorce, death, moving a lot, etc.) _____

Method(s) of disciplining your child: redirection talk to time-out spanking revoking privileges

Swimming: Please check one of the following based on your child's swimming skills

Does not know how to swim Moderate swimmer Excellent Swimmer

Van Transportation: Please check one of the following based on your child's needs

Needs a booster Does not need a booster

SOCIAL DEVELOPMENT INFORMATION:

Has your child attended before and after/ camp programs before? _____ Yes _____ No

If YES, when: _____ and where? _____

If YES, how was your child's experience? _____

When your child gets mad, angry, frustrated he/she usually _____

Does your child have any special fears? _____

Your child is happy when _____

When your child is sad, what can we do to help? _____

Are there any family or religion rules that provider should know about? _____

Any other information you would like us to know about your child or family? _____