Group_____

FAMILY INFORMATION FORM

Child's Name_____Nickname_____

Sex_____Birthdate: Month_____Day_____Year_____

Session: Please Circle 8 Weeks 5 Days
6 Weeks 3 Days
4 Weeks

List names, birthdates and sex of any other children in family:

1. 2. 3.

Marital Status: Married Widowed Separated Divorced Single (circle one)

Father's Name_____Mother's Name_____

Does your child have any physical handicaps? If so explain
_____

Is your child allergic to anything? If so explain?_____
_____

How well does your child socialize with others?_____
_____

Does your child have a fear of the water?_____
_____

What are your child's favorite activities or pastime?_____
_____

What type of experiences do you feel will be most beneficial to your child at our summer program?_____
_____

Is there anything special we should know about your child that has not been covered in this questionaire?_____
_____

Any emotional or physical disturbances?_____

If yes, what treatment or care have been given?_____
_____

This is my child's ___ summer at Carousel.
He/she attended _____camp last year.
Parents comments about the child _____
_____