



**What school does your child attend?** \_\_\_\_\_

**Does your child require any special accommodations during the school year? If so, describe.**  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any friends attending this program? Who?** \_\_\_\_\_  
\_\_\_\_\_

**How would you describe your child's personality?** \_\_\_\_\_  
\_\_\_\_\_

**Do you consider your child to be easily managed?** \_\_\_\_\_  
\_\_\_\_\_

**Our summer program includes multiple field trips. Can your child safely attend group field trips without being a threat to themselves, their classmates, or personal property?** \_\_\_\_\_

**What methods of behavior modification have you found to be most effective?**  
\_\_\_\_\_  
\_\_\_\_\_

**What are your goals for this summer?** \_\_\_\_\_  
\_\_\_\_\_

**What is your child looking forward to this summer?** \_\_\_\_\_  
\_\_\_\_\_

**What fears does your child have and how are they expressed?** \_\_\_\_\_  
\_\_\_\_\_

**Does your child have frequent** Colds \_\_\_\_\_ Coughs \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_ Eczema \_\_\_\_\_  
Ear infections \_\_\_\_\_ Upset stomach \_\_\_\_\_ Seizures \_\_\_\_\_ Other medical problems \_\_\_\_\_

**Has your child had a serious illness, surgery or hospital stays?** \_\_\_\_\_  
**If yes, please describe:** \_\_\_\_\_  
\_\_\_\_\_

**How would you consider your child's overall health?** \_\_\_\_\_

**Please give any additional information you think may be important for us to know.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_