

2008 Crestwood Summer Program Personal Information Form

Confidential- To Be Used For Professional Purposes Only (Not for Teens, Apprentices, Parent/Child)

Please Print

Last Name: _____ First Name: _____ Sex _____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ Date of Birth: _____ Home E-Mail Address: _____

Where did your child attend last summer? _____ Grade as of Sept 08: _____

Color of hair: _____ Color of eyes: _____ Height: _____ Weight: _____

Father's Name: _____ Mother's Name: _____ # of Adults in Home: _____

Siblings: # of brothers: _____ Ages: _____ # of sisters: _____ Ages: _____ Pets: _____

Sleeping: 1. Bedtime hour: _____ 2. Rising time: _____

Eating: 1. Appetite: _____

2. Food preferences: _____

3. Food dislikes: _____

Medical:

1. Comments concerning allergies please specify: _____

2. ***All Medications currently being taken:*** _____

Dressing:

1. Is child self-sufficient in dressing? _____

2. Does your child wear diapers? _____

SOCIAL DEVELOPMENT

Friends: 1. Preferences: (Boys, Girls, both) _____ 2. Numbers (few, many) _____

3. General relationship with peers (compatible, hostile, mature, immature, please comment):

Adults: 1. General relationship: _____

2. Attitude towards teachers: _____

What methods have you found most effective in motivating your child? _____

Type of activities enjoyed: _____

EMOTIONAL DEVELOPMENT

Have there been or are there now any outstanding fears? Please explain: _____

Have there been any traumatic experiences? Please explain: _____

Has there been evidence of stuttering, thumb sucking, nail biting, hair twisting, tics? Have they become more or less pronounced?
Have any corrective measures been taken (i.e. medications)?

EXPERIENCES

Previous group/camp experiences:

Reaction of child when away from parents for any length of time: _____

PHYSICAL DEVELOPMENT

Please detail any concerns that you or your child may have related to physical activity. _____

Please detail any concerns you or your child may have related to swimming. _____

What major benefits do you want your child to derive from the CRESTWOOD summer experience? _____

Please indicate any special area or situation you would like observed, monitored and/or attended to: _____

Date: _____ **Parent's Signature:** _____