

Sitrin's Summer Day Camp

Child History Form

Child's name _____ Date of birth: _____

Describe your child briefly (personality, abilities...)

How would you describe your child...

- Outgoing/social Shy/withdrawn
 Aggressive Active
 Other _____

How does your child get along with his/her siblings? _____

Has your child had experience playing with other children? _____

What age group does your child prefer to play with? _____

Does your child enjoy being/playing alone? _____

Does your child know any of the other children at the Camp? _____

If yes, who and how? _____

What frightens your child...

- Animals New people
 Loud noises Rough children
 Darkness Storms
 Other _____

What types of things make your child upset? _____

How does your child express/show his/her feelings? _____

What are your child's favorite toys? _____

Does your child like to...

- Read Listen to music Dance
 Sing Art Build things Play outside

List some of your child's favorite activities _____

Comments

What would you like for your child to receive from us while here at the Camp?
