

**2010 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 2010: \_\_\_\_\_

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, and tics? Have they become more or less pronounced? Have any corrective measures been taken (i.e. medications)?

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**EXPERIENCES**

Previous group/camp experiences:

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

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**PHYSICAL DEVELOPMENT**

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

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

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

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

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**Date:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_