

2024 Crestwood Summer Program Personal Information Form (Not for Teens)

Please Print Clearly

Child Last Name: _____ Child First Name: _____

Gender: F M ALLERGIES: _____

HEALTH CONCERNS: Asthma Seizures Diabetes Other Recurring Issues: _____

Please Explain: _____

1. GENERAL INFORMATION

Sibling Names: _____

Appetite: _____

Activities Enjoyed: _____

(For Kindergarten and under) Permission to eat a Hot Dog at Camp: Yes or No

Can child dress themselves? Yes or No

Does child wear diapers? Yes or No

2. EMOTIONAL DEVELOPMENT

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

Any outstanding fears or 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)?

Child's ability to separate from parents:

3. PHYSICAL DEVELOPMENT

Any concerns related to physical activity? _____

Any concerns related to swimming? _____

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

Is there any special area or situation you would like us to observe or monitor?

Date: _____

Parent's Signature: _____