

ALL ABOUT ME



Child's Name _____ Nickname _____

Birth Date: _____ Age: _____

I have _____ brothers & _____ sisters, their names and age are : _____

Favorite Color _____ Favorite Pet _____ Favorite Food _____

How would you describe your child's personality?

Has your child been to a summer camp before? How was their experience?

What are child's favorite activities and hobbies? _____

Has or does your child have any known health problems? () yes () no If yes, describe: _____

Does your child need regular medications: () yes () no If yes, what and when is it given? _____

Does your child have any known allergies? () yes () no If yes, please list allergens: _____

Special Instructions in case of an allergic reaction: _____

Is your child prone to: upset stomach, colds, seasonal allergies, ear aches, headaches, sore throats, nose bleeds, other

What are your expectation from us?