



Parent Questionnaire Camp Woodlight 2019

Have Questions? Contact Amanda at 215-725-8930 x152

Child's Name: _____

Date: _____

Birthday: _____

Grade in September 2018: _____

Welcome to Federation Early Learning Services! Please fill out this questionnaire to help us get to know your child and return it prior to placing your deposit for Camp Woodlight.

School/Camp History:

- What school does your child attend: _____

- Has your child attended a summer camp program before?

Yes No

If yes, please provide program information and why you are considering Camp Woodlight: _____

Health History:

- Does your child have any physical limitations (such as hearing, speech, vision, coordination)?

Yes No

If yes, please explain: _____

- Has your child ever had a serious injury or been hospitalized?

Yes No

If yes, please explain: _____

- Does your child have an IEP or receive help at school?

Yes No

If yes, please explain: _____

- Does your child receive services that will occur during the camp program?

Yes No

If yes, please explain: _____

Behavior/Emotions:

- Can your child occupy him/herself, and for how long?

Yes No

If yes, please explain: _____

- How does your child express frustration and/or anger? _____

- How does your child react to new situations? _____

- Please list your child's favorite activities: _____

- Does your child have any special skills or talents? _____

- How would you describe your child? (Please check all that apply)

- | | | | | |
|--------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Excitable | <input type="checkbox"/> Leader | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Passive | <input type="checkbox"/> Curious | <input type="checkbox"/> Tense | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Obedient | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Funny | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Immature | <input type="checkbox"/> Caring | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Courteous | <input type="checkbox"/> Calm | <input type="checkbox"/> Jealous | <input type="checkbox"/> Withdrawn |

Play and Social Interactions:

- Does your child:

- | | | |
|---|------------------------------|-----------------------------|
| Share well with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Take Turns Easily | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Follow an adult's directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Move easily from one activity to another | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respect the rights and property of others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Defend him/herself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Take responsibility for his/her actions voluntarily | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Please describe how your child does academically and socially in school: _____

Medical Information:

- Has your child ever had a serious injury or been hospitalized?

Yes No

If yes, please explain: _____

- Allergies and Reactions:

Bee stings Yes No Reaction: _____

Penicillin Yes No Reaction: _____

Hay Fever Yes No Reaction: _____

Asthma Yes No Reaction: _____

Skin Condition Yes No Reaction: _____

Foods (specify) Yes No Reaction: _____

Notes: _____

- Diet Restriction for Medical Reasons: _____

- Diet Restriction for Religious Practices: _____

- Activity Restrictions: _____

- Distinguishing birthmarks: _____

- Medications taken regularly: _____

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____

Parent Email: _____

Parent Phone Number: _____

Enrollment Coordinator Signature: _____

Date: _____