

HELP US GET TO KNOW YOUR CHILD



(PLEASE PRINT)

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Child's Email Address: \_\_\_\_\_

Child lives with: Both Parents Mom Dad Other: \_\_\_\_\_

Parent/s-Guardian/s Occupation/s:

Dad: \_\_\_\_\_ Mom: \_\_\_\_\_ Guardian: \_\_\_\_\_

Please list the names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

Type and name of pet/s: \_\_\_\_\_

\*My child's strengths are as follows: \_\_\_\_\_

\_\_\_\_\_

\*My child has challenges with: \_\_\_\_\_

\_\_\_\_\_

My child has interests in: \_\_\_\_\_

My child's hobbies are: \_\_\_\_\_

My child has played (sports): \_\_\_\_\_

My child's favorite games are: \_\_\_\_\_

My child's favorite foods are: \_\_\_\_\_

My child's least favorite foods are: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Does your child have any specific medical concerns that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

My child's fears are: \_\_\_\_\_

\*What are some challenges you would like us to address this summer? \_\_\_\_\_

\_\_\_\_\_

\*What would you like your child to get out of Summer STAND? \_\_\_\_\_

\_\_\_\_\_

\*Any other information you would like to share with us about your child that you may feel would be

helpful? \_\_\_\_\_

\_\_\_\_\_

PLEASE MAKE SURE TO FILL IN THE BLANKS OF ALL QUESTIONS, ESPECIALLY THOSE MARKED WITH AN \*.