



Camper's Name (one child per form) _____

Circle one: Uptown Metairie

SUMMER DAY CAMP HELP US GET TO KNOW YOUR CHILD

THIS FORM MUST BE COMPLETED AND RETURNED TO THE JCC NO LATER THAN MAY 31, 2013.

1. Camper lives with ___both parents ___mother ___father ___other: _____

2. How would you describe your child to someone who's never met him/her? _____

3. Have there been any changes in your family in the last year that you believe are (or could be) relevant to your child's summer camp experience? If yes, what has changed? _____

4. Is your child or family receiving any assistance with behavioral or emotional concerns at school or home (psychiatrist, counselor, social worker, etc.)? _____

5. Has your child been identified as needing support or supplemental services in any of the following areas?

- ___ Academic ___ Personal/Social ___ Language ___ Speech ___ Occupational Therapy
- ___ Health (diabetes, peanut allergy, etc.) ___ Emotional (anxiety, fears, etc.)
- ___ Behavioral (impulsivity, ADD/ADHD, etc.)

Please describe the nature of these services: _____

6. Is there anything else you would like us to know about your child that will aid us in helping him/her have a fun, well adjusted summer? Please explain on the back of this page.