

Youth Program Participant Questionnaire for Parents of Kids ages 3-17 (1 per child)

Name of Child: _____ Nickname: _____

Age at camp: _____ Birthday at camp? _____ If so, date here: ___/___

Parent Name(s): _____ Today's Date _____

All responses are optional. Any information you provide will help us better meet the needs of your child. This information will be shared with the youth coordinator and your child's leader.

1. How does your child relate to peers, older kids, younger kids, adults, persons in a position of authority?
2. For young children: Is your child accustomed to being in social settings such as group daycare, preschool, or out-of-home school? If not, please mention. If so, please tell us how s/he has adapted to this experience. Any issues we should be aware of?
3. Does your child have any special behavioral, emotional, developmental, mental, and/or physical considerations it would be helpful for us to know about?
4. Does your child have any particular fears or anxieties it would be helpful for us to know about? Are there any particular ways we can support your child in this area?
5. Does your child have any special activity likes & dislikes?
6. Does your child have any allergies (including food)? If yes, please give details.
Please Note: We need this information here and on the medical form.
7. Please share any additional information about your child that would help us care for, support, and help your child grow.
8. Anything you'd like to see added or changed on this questionnaire for next year?