



IMPORTANT: This is a two-sided document, please be sure to complete BOTH pages/sides.

Name _____ Birth date _____
First Middle Last

School Grade in fall: _____ Age on 1st day of after school care: _____

- 1. We ask that all youth provide this information form.
2. The youth staff will hold this information as confidential and will only use it to better serve your child.
3. The information you provide will not determine or affect your child's registration in after care.
4. This form is to be completed by the parents/guardians of the camper.

Please mark the descriptions that best describe your camper in the following areas: (Any and all that may apply.)

Water/Swimming Experience

- Youth: knows how to swim, does not know how to swim, would like to learn to swim, is happy to play in shallow water only, wears earplugs when swimming, cannot go in water for medical reasons

Behaviors/Communication/Socialization

- Youth can follow directions: Usually, Sometimes, Almost never
Youth could use help with: managing emotions, staying on task, managing aggression, verbal communication (using words), showing respect for others

- Does your Youth tend to solve problems by: getting angry and/or using vulgar language, shutting down and getting quiet, creating conflict or fighting with others (verbally or physically), leaving or running away (from a group, school, home, etc.)

If none of the above indicates for your youth, how does your child tend to solve problems: _____

- Youth may be uncomfortable with or frightened of: lightning/thunder, the dark, insects, water, other: _____

Camper has been diagnosed with: ADD, ADHD, EBD

Youth socializes with children: Well, Average, Has difficulty

Please describe this youth relationships with siblings and peers (especially those who might also be attending after care):

Youth socializes with adults: Well, Average, Has difficulty

Please describe this youth relationships with adults (you, teachers, family friends, mentors, aunts/uncles, grandparents, etc.):

Youth has: run away from home vandalized or destroyed property tried to harm self
 deliberately injured another person or animal been physically aggressive with peers &/or adults

How does this child react in unfamiliar situations?

Have there been any recent changes in your family situation (divorce, separation, births, deaths, new school, etc.)? _____

Please describe any aspects of this youth behavior that you are working on: _____

Please list some of your child's strengths, favorite activities and special interests: _____

Please comment on your child's previous experience in after school program:

What would you like your child to get from this after school program experience?

X _____
Signature of parent /Guardian

Date