

7. Is there a child that you would like your child to be grouped with? (We will honor these requests when possible, but please limit and rank your list.)
- 1.
 - 2.
8. Does your child like swimming? Does your camper have swimming fears? If possible, list the last American Red Cross Swim level that your child passed. (We have records for returning campers.) [Please note, Discovery uses a modification of the updated American Red Cross levels.](#)
9. Camp is a time for children to grow socially and physically. We want to make sure we are helping your camper grow, so please list a few specific (but realistic) measurable goals for your child this summer. Campers have more fun and feel extra successful if they achieve personal goals. This will also help your child's group leader know what it is you value at camp.
- A.
 - B.
 - C.
 - D.
10. Do you have any special requests? Please give any additional information that would help us to understand your child. (Use additional space at the end of the questionnaire if needed)
11. Please identify any special adaptations or accommodations necessary to assist your camper in participating in the camp program.
12. What suggestions do you have to help make your child comfortable at camp?
13. For campers 3rd grade and above, how does your child feel about the biking program? If they are excited, why? If they are nervous, what are they nervous about?

I consider my child a _____ (poor, good, excellent, non-rider) biker. At home, my child rides a bike with _____ (hand brakes, foot brakes). My child's bike is _____ inches.

FAMILY

1. Family composition is ever changing. The Discovery staff wants to use correct names and addresses.
 - a. If camper's parents live at separate addresses, please check here. ____ yes ____ no.
 - b. Should mailings to go to both addresses? ____ yes ____ no. (If yes, please give second address and phone number)
 - c. Should emails go to more than one address, if so give both email address.
 - d. Does the child have a stepparent? If so, please list that person's full name and the name that your camper calls him/her:
2. Who lives in your home? (Include mothers, fathers, siblings, grandparents, housekeeper, nanny, step-siblings and pets)
3. List siblings' names and ages.
4. Is your child particularly close to anyone who is not living in your home (e.g., grandparent, babysitter, family friend)? If so, who? Please explain.
5. Is anything happening at school or at home which the Discovery Day Camp staff should be aware of at this time? (Please include new babies, divorce, moving, illness of a family member, death, long-term visit of relatives, school concerns, etc.)
6. Have there been incidents with family or school which camp should be aware of at this time? Please explain.
7. This year has been particularly tough on many families. Is there anything going on in your home that our staff needs to know?

HEALTH

1. Does your child get motion sickness? When and where? How can it be prevented?

2. Is your child on any medication? Please list medications that he might take during the camp season (e.g., antihistamines, asthma medications, lactose intolerance medications, Ritalin). Additionally, please let us know if your child is on medication during the school year, but taken off for the summer. Please list any side effects to the drug.

3. Do you need to keep this medication at camp? If medicine is to be kept at camp, and/or administered here, please be sure to list the appropriate information here. If camp is to administer a prescription drug, a doctor's note is necessary. The signed doctor's medical form will serve, if the medication is listed. Remember: all medication must be administered by a health aide from the office. (If your child will have an Epi-pen at camp or is highly allergic, please contact us for the Allergy Action Plan (ibs@campdiscovery.com)).

4. Does your child have allergies or asthma? Which? How should these conditions be treated at camp?

5. Does your child have any dietary restrictions? If so, what? Is the child knowledgeable and responsible about these restrictions?

6. If your child is allergic to a food, may they sit near someone who is eating that food? What is the protocol that you need followed in case of suspected ingestion or contact? What does a reaction look like? Is your child aware of their allergy?

7. Does your child have any emotional concerns? Please give us information about these.

8. Does your child have any physical limitations of which we should be conscious?

Parent's signature

Date

Please give any additional information that you think will help us to understand your child. Use additional space below if it is needed.

Additional information/extra space to finish responses