Camp Angelfish

CAMPER DATA FORM 2010

Please complete this form carefully and in detail. It is designed to help us give your child the best attention and care Camp Angelfish can provide. ***Please return this form no later than June 1st.***

Last Name: _____ First Name: _____

Grade as of Sept. 2010: _____ Age as of Aug. 2010: _____

What are your child's favorite quiet-time activities?

_____

What are your child's favorite leisure/ social activities?

_____

_____

_____

Please describe your child's sensory needs.

_____

_____

_____

What are your child's behavioral needs?

_____

_____

_____

What other activities do you want your child to experience? Please select from the following:

(circle all that apply)

- Bonfires
- Water-skiing
- Knee boarding
- Tennis
- Mini Golf
- Kayaking
- Canoeing
- Fishing
- Boat Rides
- Water Tubing
- Cooperative Games
- Swimming
- Arts & Crafts
- Basketball
- Board Games
- Frisbee Golf
- Mountain Biking
- Ropes Course
- Rock Climbing
- Baseball
- Soccer
- Kickball
- Basketball
- Yoga
- Cooking
- Dancing
- Karaoke
- Scrapbooking

Are there any special developments (home, school, medical) in the past year that the camp should know about?

_____

_____

_____

Please describe your child's previous camp experience.

Day Camp:

_____

Resident Camp:

_____

Were these experiences positive?

- ❑ Yes
- ❑ No

What types of activities did your child enjoy at this camp?

_____

_____

What types of challenges did he/she force if any?

_____

_____

Please describe your child to our staff.

_____

_____

_____

Is there any additional information that would help us work with your child?

_____

_____

* If you feel it would be helpful to include a copy of your child's PPT or progress updates from therapists, please feel free to include this information in order for us to help work with your child at camp.

Parent's Signature_____ **Date:** _____