



9 West Avenue, Hicksville, NY 11801 • Tel: 516.938.1137 Fax: 516.822.9269

CAMP FAMILY INFORMATION FORM

Child's Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Marital Status: (check one) Married Widowed Separated Divorced Single

Does your child have any allergies? If so explain _____

Does your child have any food allergies or restrictions? _____

Does your child have any physical restrictions? If so explain _____

How sensitive is your child to sun exposure? _____

How well does your child socialize with others? _____

Does your child receive services during the school year? If so explain _____

Does he/she have an IEP? _____

Is your child on medication during the school year that they will or will not be on during the summer? _____

■ **Our goal is to make sure each camper receives individualized attention providing them with the best summer camp experience.** Is there anything special we should know about your child that has not been covered in this questionnaire? (example, fear of water) _____
