



**Physical Health**

Any food or environmental allergies?

---

---

Any dietary restrictions?

---

---

Past or present health problems? (Asthma, frequent headaches, seizure disorder, etc.)

---

---

Is there any other information you would like to share about your child's health?

---

---

**Interests**

**Please check those which apply to your child:**

- |   |  |
|---|--|
| <input type="checkbox"/> Reads comics, magazines, or newspapers | <input type="checkbox"/> Sports _____                                  |
| <input type="checkbox"/> Reads books                            | <input type="checkbox"/> Singing / Instrument / Writes music           |
| <input type="checkbox"/> Writes in a journal                    | <input type="checkbox"/> Crafts / Jewelry / Pottery                    |
| <input type="checkbox"/> Creates own writing projects           | <input type="checkbox"/> Rides a bike, skateboard, or scooter          |
| <input type="checkbox"/> Draws/sketches/paints                  | <input type="checkbox"/> Plays video games (avg. hrs per day ____)     |
| <input type="checkbox"/> Builds models/legos/etc.               | <input type="checkbox"/> Watches television/videos (avg. hrs day ____) |
| <input type="checkbox"/> Enjoys competition                     | <input type="checkbox"/> Imaginary play (independently)                |
| <input type="checkbox"/> Cooking                                | <input type="checkbox"/> Imaginary play (with other children)          |
|   | <input type="checkbox"/> Nature Walk / Hike / Camp / Canoe / Kayak     |

**Daily Living**

What are your child's normal eating habits and meal times (breakfast, lunch, snacks)?

---

---

What are your child's high interest areas? \_\_\_\_\_

---

---

What age are your child's most frequent friends? \_\_\_\_\_

**Personality**

How would you describe your child's demeanor/personality? \_\_\_\_\_

---

---

What are some effective behavior management strategies that work with your child? \_\_\_\_\_

---

---

What comforts your child? What things help calm them down when they are upset? \_\_\_\_\_

---

---

Does your child have any fears or sensitivities that we should be aware of?  
(Animals, loud noises, darkness, storms, etc.)

---

---

Any additional information that will help staff at Skagway Summer Camp to best work with your child?

---

---