

# SRC Summer Youth Recreation Program REGISTRATION FORM

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ 2020-2021 Grade \_\_\_\_\_

Parent/Guardian 1: _____	
Address: _____	Home Phone Number: _____
Email: _____	
Cell Phone: _____	Work Phone: _____

Parent/Guardian 1: _____	
Address: _____	Home Phone Number: _____
Email: _____	
Cell Phone: _____	Work Phone: _____

## EMERGENCY CONTACT INFORMATION

**If both parents/guardians listed on this form are unable to be reached in the case of an emergency, please list 2 alternate contact people and phone numbers.**

**Contact #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physical Health**

Any food or environmental allergies?

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Any dietary restrictions?

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

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

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**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)?

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

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

**Personality**

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

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

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

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

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Any additional information that will help staff to best work with your child?

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