



# Summer Camp Intake Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School child will attend in the fall \_\_\_\_\_ Grade \_\_\_\_\_

Who is responsible for picking up your child? \_\_\_\_\_

Sibling Name	Age	School Attending
_____	_____	_____
_____	_____	_____

**To be filled out with your child.**

Child's favorite activity at school: \_\_\_\_\_

Favorite indoor activity: \_\_\_\_\_

Favorite object: \_\_\_\_\_

My child does not like: \_\_\_\_\_

This summer my child is looking forward to: \_\_\_\_\_

*Please circle one.*

My child always / usually / sometimes / never takes a nap.

My child can / cannot use the bathroom independently.

My child has / has not participated in yoga.

My child has / has not participated in taekwondo.

My child has / has not participated in cooking

Please list any special concerns, behaviors or food allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please tell us what you hope your child's summer camp experience will look like:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Allergy: \*  Yes  No \_\_\_\_\_

Asthma: \*  Yes  No \_\_\_\_\_