



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 _____