

Child's Name: _____ Location: _____

Counselor's Information Form

(Confidential)

Names & relationships of parents, step-parents and/or primary guardians:
(Please list all that apply, then indicate with a * who the child lives with for the summer)
Please also use this space for any unique family circumstances of which we should be aware.

Child's Birthday/Age: _____

Brothers & Sisters/Ages: _____

Pets: _____

Allergies: _____

Medications: _____

Other conditions: _____

Interests/Hobbies: _____

Any social or emotional concerns: _____

Any other interesting information: _____

My child is most comfortable in this environment: _____

My child is least comfortable in this environment: _____

Circle one:

In a group setting, my child will	Lead	Follow	Shy Away from Group	
My child has participated in organized sports		Yes	No	
My child's experience with swimming is	None	Beginner	Intermediate	Advanced
