

STRATFORD LEARNING CAMP

Child's Name _____

Date of Birth _____ Age _____ Sex _____ Height _____ Wt _____

Medication (if any) _____

Allergies (if any) _____

****** It is our understanding that every child enrolled at Stratford Learning Camp has a physical or learning disability. However, disabilities affect individual children in many different ways. Two children with the same disability are still unique in personality; every child reacts differently to the same situation in a different way. To better understand your child and his/her individual needs, we need you to be as specific and thorough as possible when filling out the following section. Again, for the benefit of your child, we stress the importance of elaboration. All information will remain confidential. Thank you.*

What are your child's disabilities? How do they affect him/her physically, emotionally, socially and mentally? Attach additional paper if necessary. PLEASE BE SPECIFIC.

Are there any special provisions made for your child at school? (Example: resource room, self-contained classroom, etc.) Please explain. _____

IS YOUR CHILD ABLE TO:

Communicate his/her needs effectively? _____

Speak Clearly? _____

Clothe self? _____

Walk steadily? _____

IS YOUR CHILD:

Able to swim? _____ Check here if he/she uses a lifejacket _____

Allergic to Chlorine? _____ Subject to ear infections? _____

IS YOUR CHILD:

Subject to fainting? _____ *If yes, list causes.* _____

Prone to seizures? _____ *If yes, why and when did this last occur?*

DOES YOUR CHILD USE:

Crutches? _____ Braces? _____ Wheelchair? _____ Walker? _____

Hearing Aid? _____ Have a skin rash? _____

DOES YOUR CHILD:

Cooperate? _____

Act on impulse? _____

Follow directions? _____

Get easily frightened? _____ *If yes, please explain.* _____

Get easily agitated? _____ *If yes, please explain.* _____

Have any other physical limitations? _____

What are your child's interests and hobbies? _____

Has your child attended summer camp before? _____ *If yes, where?* _____

Are there any days your child will be unable to attend camp? _____

Parent/Guardian Name _____

Address _____ Zip Code _____

Home Phone _____ Email Address _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____