

Raintree Montessori School

Camp Profile

Child's Full Name _____ Date _____

Sex _____ Date of Birth _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian (Mr/Ms/Mrs) _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ Email _____

Parent/Guardian (Mr/Ms/Mrs) _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ Email _____

Names/ages of siblings: _____

(If applicable) Name of step-parents: _____

(If applicable) Name/ages of step-siblings _____

Has anyone else had a substantial role in the rearing of your child? _____

SECTION 1: DEVELOPMENTAL HISTORY - TO BE COMPLETED IF YOUR CHILD IS NEW TO RAINTREE

Is your child adopted? Yes / No If yes, at what age? _____ Does s/he know? _____

How was s/he told? _____

SECTION 2: HEALTH AND DEVELOPMENTAL CONSIDERATIONS

Describe your child's general health. _____

Has there been any significant disease or injury? _____

Describe any difficulty with hearing, vision and/or other. _____

Was special help sought? Yes / No If so, please explain. _____

Does your child have, or is there a family history of:

- Seizures Anxiety ADD/ADHD Color blindness
 Other _____

Is your child prone to colds? _____ Does your child have allergies to medicines/foods? Yes / No

If so, please explain. _____

Does your child have any health issues that may explain frequent/recurring headaches or stomachaches (such as toileting issues, constipation, or anxiety)? _____

Does your child take any medications that may affect his/her day at camp? Yes / No If so, please give some detail. _____

What are your child's physical, emotional needs and/or academic special needs? _____

SECTION 3: HOME LIFE

What language(s) is spoken at home? _____

Does s/he have any fears? _____

What is done to remove those fears? _____

Has your child spent the night away from home? _____

Has your child camped outside? _____

SECTION 4: CHILD Demeanor AND SOCIAL INTERACTIONS

Would you say your child has:

A lot of energy

Average

Not enough energy

What method(s) of discipline are used at home? _____

What is your child's characteristic response when a discipline technique is used? _____

Have there been any major events in the past year of which we should be aware: such as a death in the family, divorce, move? Please share what may be helpful to better support your child. _____

Describe your child's interactions with peers and/or siblings: _____

Describe your child's ability to resolve conflict. _____

Describe your child's ability to develop friendship. _____

How does your child respond to frustration or stress? _____

If you would like to expand on any of the above answers or wish to give us additional information that can help us meet the needs of your child, please attach another sheet to this profile. **THANK YOU FOR COMPLETING THIS FORM!**