



Family Connections Center Camper Information Sheet

Child's Name _____ DOB _____ Age _____

Parent's Name _____

Address _____

Home Phone _____ Cell _____

Email _____

Information about your Child

Diagnosis(es) _____

Medications _____

Does your child have any specific allergies to:

Drugs _____

Food _____

Insects/Other _____

Please describe any vision, hearing, or motor issues that may affect your child's camp

experience _____

Additional Medical Precautions (seizure, asthma, etc.) _____

Does your child toilet independently? Yes No

If no, describe any special toileting needs/schedule _____

Describe any special dietary needs/restrictions or special assistance your child requires for eating: _____

Speech & Language

Language spoken at home: _____

My child can communicate with others using: _____ Picture exchange

_____ Speech (_____ Words _____ Phrases _____ Sentences)

_____ Gestures _____ Sign Language _____ Other (describe _____)

Behavior and Self Regulation

How does your child respond to separation from parents? _____

Does your child transition from locations or activities easily? _____

If not, what supports help your child transition more successfully? _____

What objects/activities are calming or comforting for your child? _____

Please check all characteristics that apply to your child:

_____ Outgoing _____ Shy/withdrawn _____ Plays in groups _____ Plays alone

_____ Adapts well to new situations _____ Adapts to new situations with difficulty

_____ Follows directions _____ Responds well to correction _____ Energetic/active

_____ Sometimes is destructive _____ Has difficulty waiting

_____ Sometimes becomes aggressive _____ Sometimes attempts run away or hide
_____ Sometimes hurts self (describe _____)

If your child has behavior problems, what kinds of situations usually happen prior to the behavior or seem to cause the behavior? _____

How often does this behavior occur? _____

What is the most successful way to respond when your child is upset or demonstrating behavior? _____

Please provide any additional information that you think will be helpful for us to know when working with your child. _____

**Please return this form with Camp Registration and payment to:
Family Connections Center
1425 Hwy. 290 West
Dripping Springs, TX 78620
Fax (512) 858-0905
contactus@family-connections-center.com**