

# BUFORD KIDS' SPOT SUMMER CAMP

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian email (best one for correspondence): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Child's diagnosis: \_\_\_\_\_

## Tell us about your child:

Child's strengths (academic, social, behavioral, emotional):

Child's weaknesses (academic, social, behavioral, emotional):

Your goals for your child:

Allergies:

Dietary Needs:

Physical difficulties:

Motor functioning:

Sensory Integration issues:

Has your child ever attended camp before?

What were these experiences for your child?

What are situations that your child finds challenging, and what have you found to be effective to manage the situation?

What specific activities help soothe and calm your child?

What physical or verbal signs does your child exhibit when he/she is becoming anxious, and what works to help manage the situation?

# Behavior

Does your child have a history of any of the following?

- Physical aggression:  Yes  No
- Requiring physical restraint:  Yes  No
- Self-harm or ideation:  Yes  No
- Running away/ eloping:  Yes  No
- Behavior dangerous to self or others:  Yes  No
- Difficulty with toileting:  Yes  No

If the answers to any of the above are yes, please describe:

If the answers to any of the above are **yes**, please describe:

Last instance: \_\_\_\_\_

Frequency: \_\_\_\_\_

Intensity: \_\_\_\_\_

Duration: \_\_\_\_\_

Are there any other issues you feel we need to be aware of?

Does your child have any medical conditions we should be aware of?

Are there any behaviors that limit their inclusion in indoor or outdoor activities?