



# KIDS CAMP QUESTIONNAIRE

A questionnaire must be filled out for each child applying to come to camp.

THIS FORM WILL HELP US TO MAKE THE WEEK AT CAMP SAFE AND HAPPY FOR YOUR CHILD/CHILDREN. IF WE KNOW YOUR CHILD'S/CHILDREN'S NEEDS AHEAD OF TIME, IT WILL HELP US PLAN FOR HIS/HER STAY. PLEASE FILL OUT THE ENTIRE FORM. PLEASE USE ADDITIONAL PAPER IF NEEDED TO ANSWER ANY QUESTIONS. PLEASE COPY THIS FORM FOR EACH CHILD. THANK YOU FOR YOUR TIME.

**Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F

Disability, if any: \_\_\_\_\_

Special needs or health issues that would prevent your child from participating in camp activities such as swimming, going out in the sun, going for walks, running, playing with a variety of toys and materials, etc?

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \*\*Parents MUST give all medications to their own children.\*\*

List all medication child takes, times given, and side effects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Please list any allergies your child has.

Foods: \_\_\_\_\_ Medications: \_\_\_\_\_

Insects: \_\_\_\_\_ Lotions: \_\_\_\_\_

Other: \_\_\_\_\_

**Toileting:** Please indicate your child's toileting habits. Be as specific as possible.

\_\_\_ Diapers \_\_\_ Toilet Training \_\_\_ Trained w/assistance \_\_\_ Independent

Explain your child's toileting schedule or assistance needed, if any: \_\_\_\_\_

\_\_\_\_\_

**Communication:** Please indicate your child's communication skills. Be as specific as possible.

\_\_\_ Verbal \_\_\_ Non-verbal \_\_\_ Sign Language \_\_\_ Communication Board

\_\_\_ PECS (Picture Exchange Communication System) Level: 1 2 3 (please circle current level)

\_\_\_ Understands and follows simple directions \_\_\_ never \_\_\_ sometimes \_\_\_ always (please check one)

Other, tell us more: \_\_\_\_\_

Please turn over and continue

\*After completing both sides of this questionnaire for all children attending camp, please attach to your registration form and mail to WVECTCR (address listed on application form).

**Feeding/Eating:** Please indicate your child's feeding/eating level. Be as specific as possible.

\_\_\_\_ G-tube \_\_\_\_ Bottle Fed \_\_\_\_ With assistance \_\_\_\_ Independent

\_\_\_\_ Vegetarian diet needed

Food they CANNOT have: \_\_\_\_\_

Special feeding instructions: \_\_\_\_\_

\_\_\_\_\_

**Assistive technology/Specialized equipment:** Please list all equipment your child is bringing to camp.

\_\_\_\_\_

\_\_\_\_\_

**Additional information:** Please be as specific as possible.

List things your child likes to do, what quiets him/her, or really upsets him/her. (For example, loud noises and being moved quickly upsets Johnny. Just let him know ahead of time that you will be moving him, and that if a balloon pops it will make a loud noise.) How do they react to new places, and new people?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List things your child would NOT be allowed to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child's daily routines (schedules, nap times, snack routines, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have hearing/vision problems? Explain. \_\_\_\_\_

\_\_\_\_\_

Does your child like being around other children?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any behavior issues (biting, hitting, hurting themselves, etc.)?

\_\_\_\_\_

\_\_\_\_\_

How do you handle their behavior issues?

\_\_\_\_\_

\_\_\_\_\_

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