

CYO
CHILD'S ENROLLMENT APPLICATION

YOUR CHILD

1. What school does your child attend during the school year? _____
2. Does your child have any allergies? _____ Explain _____
3. Does your child have any physical handicaps/learning disabilities? Does he/she have an IEP? Explain _____
4. Does your child take any medications regularly? _____
What is it prescribed for? _____
5. Is your child on a special diet? _____
6. Has your child attended any other camp/after-school program? _____
If yes, when? _____ Where? _____
7. Does your child experience motion sickness on bus rides? _____
8. How does he/she get along with other children? _____
9. How does your child express his anger? _____
10. Does your child fear water? _____ Can your child swim in 6 ft water without assistance? _____
11. What do you hope your child will gain from this program? (Ex. Social Skills, Review of academics, etc.) _____
12. Are any other languages spoken at home? _____ What are they? _____
13. Are there other children in the family? Please list names, ages, social security #, and school they attend.

Date of Birth _____ Soc. Sec. # _____ School _____

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