## Camp Razz Intake Form

Dish		Start Date:	
Outh windsor child development		Birth Date:	
center naeýc	Child's Name:	Middle	
Does your child have a nicknam	e he/she would prefer to use?	Middle	LdSL
Please list other members of the			
Are there other adults that care			
confidential and shared or	nly with the classroom teachers	following information. All information.	mation is kept
Medical and Health: Does Have any known allergies (food,	•		
Please list any medications take	n regularly:		
Have any physical disabilities?			
Have there been any serious illr			
	Please note i	if your child does have an IEP, that info d succeed.	rmation must be shared
Personal/Family:			
What language(s) are spoken at What language(s) does your chi	home?		
What techniques do you find ar	e effective in disciplining your child? _		
Does your child have any specia			
	avorite activities or subjects in school?	,	
Social Relationships: Generally, how do you think you		ence?	
What would you like your child			
In what areas of your child's dev	velopment do you feel he/she needs e	ncouragement?	

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is there any further information you would like to share about your c	hild?
Families are encouraged to become involved in Center activities	as Please check any areas in which you would like to
enrich the lives of the children in your child's program. This is	· · · · · · · · · · · · · · · · · · ·
schedule. We really appreciate any help you can give us!	strictly volunteer and would be according to your
Volunteering to read a story or help with an art project	·+
Covering in a classroom so teacher's can attend week	
Giving time as a family to work in the garden area	y stair meetings
Helping with fundraising	
Sharing a special talent	
Sharing information about your job	
Copying surveys/manuals/information etc.	
Making dinner for staff for their monthly night staff m	eetings
Doing a cooking project in the classroom	eetings
Being a classroom representative	
Joining the Board of Directors	
Anywhere needed	
Other Suggestions	
Other suggestions	
To help us determine other ways that you could be involved, p	lease answer the following:
Parent's/Guardian's Job Title(s)	rease answer the renowing.
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	<del></del>
Parent or Guardian (Please Print)	Date