

2010 Camper Information

(optional parent form)

Summer at Park

171 Goddard Avenue
Brookline, MA 02445

617-274-6024 PHONE

617-730-8932 FAX

summerprograms@parkschool.org

Name of child

Parent(s)/Guardian(s)

Name(s) and age(s) of sibling(s) and other members of your household with relationship to the camper:

Name

Age

Relationship to child

My child tends to make friends with children:

his/her own age younger than he/she is older than he/she is

Please give us a brief description of your child. Include anything that you feel will help us to understand and guide him or her. Have there been any recent major changes in your child's life (e.g., a move, death or separation, birth of sibling, divorce, etc.)? Our ability to care for your child will be enhanced if you will share any such information with us.

Do you have any specific goals for your child this summer? (If so, what are they?)

What leadership style does your child best respond to?

In what ways can the counselors aid in your child's development? (Please include any habits or attitudes you are trying to discourage or strengthen.)

Parent Signature

Date
