



**ASIAN AMERICAN SERVICE CENTER
STUDENT ENROLLMENT QUESTIONNAIRE**

Welcome to our Summer Camp Program! As you start the enrollment process, please answer each of the following questions to help us gain a better understanding of your child's abilities and needs. The responses on this questionnaire will remain confidential and will be viewed only by the camp director, supervisors, and your child's teacher.

Child's Name: _____

Answer the following questions by circling YES or NO. If yes, please specify in the comments section.

MEDICAL HISTORY	YES or NO	COMMENTS
1. Does your child have any food or medical allergies?	YES NO	
2. Does your child have any dietary restrictions?	YES NO	
3. Does your child have any medically related restrictions that will limit him/her from participating in activities?	YES NO	
4. Does your child presently take any medication?	YES NO	
5. Is your child prone to frequent colds, sore throats, ear infections, bug bites?	YES NO	
6. Does your child have any physical, vision, hearing, speech, health or dental problems?	YES NO	
7. Does your child have any physical, mental, or emotional handicaps?	YES NO	
8. Does your child wear any specific applications? (Glasses, contacts, Hearing Aid etc.)	YES NO	
ACADEMIC HISTORY	YES or NO	COMMENTS
1. Is your child identified as gifted/talented?	YES NO	
2. Has your child advanced or repeated a grade?	YES NO	
3. Has your child been diagnosed with any type of learning disability?	YES NO	
4. Does your child have an Individualized Education Plan (IEP)?	YES NO	
5. Has your child been placed in a special program?	YES NO	
6. Has your child attended an 8-hour child care center before?	YES NO	
BEHAVIORAL HISTORY	YES or NO	COMMENTS
1. Has your child had any behavioral issues in school/other programs?	YES NO	
2. Has your child been rewarded for excellent behavior in school/other programs?	YES NO	
3. Has your child's behavior led to school detention, suspension or expulsion?	YES NO	
4. Has your child been involved in any type of violent behavior?	YES NO	
ADDITIONAL QUESTIONS	YES or NO	COMMENTS
1. Is there any specific activity you would like to be encouraged?	YES NO	
2. Is there any specific activity you would like to be restricted?	YES NO	
3. Is there any other information that you feel might be useful to us and aid us in the safety care of your child?	YES NO	

Parent's Signature: _____

Date: _____