

CHILD INFORMATION FORM

Name							
First	Midd	lle L	Last				
Address							
	Address	City	Zip				
Phone Number	Date of Birth						
School	Gra	ade Graduation	Date				
Gender Identity							
	ACTIVITIES A	AND INTERESTS					
Spectator Sports	Snowmobiling	Pool	Board games				
Camping	Four Wheeling	Golf	Video games				
Football	Water skiing	Ping Pong	Television				
Baseball	Swimming	Talking	Movies				
Basketball	Canoeing	YMCA/Hallett Center	Museums				
Track	Boating	Yard Games	Sewing/Quilting				
Soccer	Fishing	Woodworking/Carving	Gardening				
Tennis	Hunting	Picnicking	Hair/Makeup				
Volleyball	Bowling	Musical Instruments	Cooking/Baking				
Wrestling	Model building	Animal tending	Dolls				
Hockey	Walking	Horseback Riding	Arts and Crafts				
Bike riding	Reading	Animals/Pets	Music				
Rollerblading/Skating	Drawing	Collections—what?	Concerts				
Figure skating	Writing	Auto Racing/NASCAR	Singing				
Snow Sledding	Painting	Auto mechanics	Dancing				
Please circle the activi	ties you enjoy:						
Which of the above a	activities would vou	u like to try but have not h	ad a chance?				

Circle the words you think describe you best:

Нарру	Active	Quiet	Shy	Athletic	Friendly			
Sad	Smart	Talkative	Fun	Kind	Lonely			
Artistic	Stressed out	Angry	Carir	ıg	Funny			
Others:								
Signature of Child			Date					
Optional: draw a picture of yourself or something you like								

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