



## **2009 Christopher Morley Park Child Information**

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### **PERSONAL INFORMATION**

Please help us to learn a little more about your child so we can be prepared to help them have the best summer experience.

**Child's name:** \_\_\_\_\_

Did your child have any special difficulties in school this year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

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What words would you use to describe your child (easy going, shy, outgoing, etc.)?

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Does your child have any special fears?

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How does your child handle differences with his/her peers?

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What are your child's favorite activities?

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Are there any special circumstances you feel we should know about that would help us care for your child?

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Please return to: **Oasis Children's Services** 20 Jay Street, Suite 802 Brooklyn, NY 11201  
Phone (718) 596-4900 Fax (718) 855-2435

**\*Please be sure to fill out both sides of this form\***



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**MEDICAL INFORMATION**

In addition to the required medical form, please indicate any other information we may need.

**Child's name:** \_\_\_\_\_

Does your child have any food allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_

Does your child have any other allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_

Does your child have asthma? Yes \_\_\_\_ No \_\_\_\_ If yes, please fill out the following additional information:

What brings on an attack? (colds, weather, emotional reactions, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child know when an attack is coming on? Yes \_\_\_\_ No \_\_\_\_

How does s/he react? (scared, calm, etc.) \_\_\_\_\_

\_\_\_\_\_

How often does your child have attacks? \_\_\_\_\_

Does your child have any other medical conditions that we should know about? (recent injuries, seizures etc)

Please explain:

\_\_\_\_\_

\_\_\_\_\_

List any medications that your child takes (Medication/Dosage and frequency): \_\_\_\_\_

\_\_\_\_\_

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