



**Sandwich Recreation Department
Super Fun Summer Program
ADDITIONAL INFORMATION PAGE**

BECAUSE THE MORE WE KNOW, THE HAPPIER YOUR CHILD WILL BE

Child's Name: _____ Nickname: _____ Age: _____

What are your child's 2 most favorite outdoor/park activities?

1) _____ 2) _____

Please check the box next to **Extreme, Mild, and/or Low Sensitivity** for the questions below regarding your child to allow our staff members to understand and help your child better in these potential circumstances.

- Extreme** **Mild** **Low** Frightened of thunder, lightning, or bad weather?
- Extreme** **Mild** **Low** Poor with transitions (moving from one activity to the next or abrupt changes in activities)?
- Extreme** **Mild** **Low** Fear of tall or scary amusement park or water rides?
- Extreme** **Mild** **Low** Uncomfortable with water activities or activities that may involve getting dirty or messy?
- Extreme** **Mild** **Low** Bathroom issues with long car/bus trips?
- Extreme** **Mild** **Low** Loud noises and/or children yelling?
- Extreme** **Mild** **Low** Other :please specify and explain below if needed:

If you circled EXTREME to any of the above, would like to provide more information on an above subject matter, and/or can offer helpful strategies to use with your child in these cases, please elaborate in further detail below:

Do you have any family concerns that you would like to inform us about?

- Y** **N** Is this your child's first summer at this program?
- Y** **N** Do you have any concerns as to whether your child will make friends easy?

Any additional comments, requests, or concerns that you would like to let us know about? Please understand we will do our best to accommodate you, but please understand that we cannot guarantee it.

