



**CAMP LOCATION:**  
752 Big Oak Rd. Yardley, PA 19067  
**MAILING ADDRESS:**  
275 North Main St. Telford, PA 18969

**STEVE HAINES, EXECUTIVE DIRECTOR**  
267-261-4098, [campconcepts@comcast.net](mailto:campconcepts@comcast.net)  
**LINDA SCHLOO, ACCOUNT SERVICES**  
215-285-2537, [accounts@campconcepts.org](mailto:accounts@campconcepts.org)

**Expressions Child History Form**

Camper Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at the start of camp: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

**Family Information:**

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any siblings and their ages: \_\_\_\_\_

**School Information.** What school does your child attend?

- Regular Ed/Inclusion
- Non-Public Special Ed School
- One-to-one aid
- Home School
- Special Ed (part of the day)
- Private School
- Special Ed (full day)

**Diagnoses.** Does your child have any specific diagnoses?  Yes  No  
If yes, please list below with the diagnoses, age diagnosed, and by whom.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Medication.** Does your child take any daily medications?  Yes  No  
If yes, please list them with daily dosage.

1. \_\_\_\_\_ Administered at Camp:  Yes  No
2. \_\_\_\_\_ Administered at Camp:  Yes  No
3. \_\_\_\_\_ Administered at Camp:  Yes  No

**Allergies.** Does your child have any allergies?  Yes  No

- Food Allergies:
- Environmental Allergies:
- Medication Allergies:



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Please describe when the last allergic reaction was and the treatment:

**Dietary Information.** Is your child on any restrictive diets (ex. Dairy free, gluten free, sugar free, etc)?

**Camper Information.**

What are your child's interests?

What activities does your child not like to engage in?

Does your child have specific triggers?

What would you describe as your child's social strengths?

Does your child have any fears that may impact participation?

**Please check all of the following behaviors that apply to your child:**

- |  |  |
|--|--|
| <input type="checkbox"/> Easily Distracted                         | <input type="checkbox"/> Has low self-esteem                           |
| <input type="checkbox"/> Hyperactive                               | <input type="checkbox"/> Bullies others                                |
| <input type="checkbox"/> Gets stuck on a particular topic          | <input type="checkbox"/> Teased by others                              |
| <input type="checkbox"/> Obsessive                                 | <input type="checkbox"/> Remains isolative in group or social settings |
| <input type="checkbox"/> Gets easily frustrated                    | <input type="checkbox"/> Prefers to play with younger children         |
| <input type="checkbox"/> Insists on having his/her own way         | <input type="checkbox"/> Wants to make friends but doesn't know how    |
| <input type="checkbox"/> Angers easily                             | <input type="checkbox"/> Has difficulty maintaining conversation       |
| <input type="checkbox"/> Cannot compromise                         | <input type="checkbox"/> Has difficulty with change/transition         |
| <input type="checkbox"/> Has a tendency to wander off              | <input type="checkbox"/> Prefers adult company to that of peers        |
| <input type="checkbox"/> Wants to please                           | <input type="checkbox"/> Has shown aggressive behaviors, such as       |
| <input type="checkbox"/> Has appropriate sense of humor            | throwing things, hitting, spitting, kicking or biting                  |
| <input type="checkbox"/> Interest in fire, weapons, violent themes | others   |
| <input type="checkbox"/> Prefers video games to social play        | <input type="checkbox"/> Becomes oppositional when told to do          |
|  | something he/she doesn't want to do                                    |



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**Additional Information.** If there is any other information, like coping mechanisms, that would be helpful for us to know? Feel free to add your comments below.

Submit via email to [accounts@capconcepts.org](mailto:accounts@capconcepts.org) or via mail to 275 North Main St. Telford, PA 18969.

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**DO NOT COMPLETE BELOW THIS LINE – FOR ADMINISTRATION ONLY**

Interview date & time: \_\_\_\_\_

In attendance: \_\_\_\_\_

Reviewed registration procedure

Reviewed 2-week minimum requirement

**Cleared to register for:**

All sessions

2 Week trial only (at the end of week 1, parent will be informed whether further weeks can be added)

1 Week trial only (by Wed, parent will be informed whether additional week can be added. If approved for additional week, we guarantee the following week will be available. Determination will be made if camper will remain on weekly trial or be cleared to register for any remaining weeks. Parent understands that if they continue on a week to week basis, weeks will be approved based on week availability. Some weeks may be waitlisted.

Reviewed non-refundable deposit of \$230.95 until May 31/\$250.95 after June 1. Informed parent that they should review full Deposit and Refund Policy on website.

**Interviewer Notes:**

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Director Signature: \_\_\_\_\_

Parent Signature confirms they understand and agree to all information: \_\_\_\_\_