

Pepperhill Farm

Pre-School and Summer Day Camp

Student/Camper Information



Please tell us about your child. Include comments on social, emotional, and physical development, i.e. relationships with peers/adults and personality.

List four of your child's favorite activities:

1. _____
2. _____
3. _____
4. _____

Are there any restrictions to your child's school/camp activities?

If yes please specify: _____

Does your child have any fears of which we should be aware?

Storms Masked characters (clowns)
 Animals (Please specify) _____ Other _____

What would you like for your child to gain from his/her preschool experience? Please give us any other information that you feel would help us to provide a positive experience for your child.

Family Information

Does child live with both natural parents? Yes No

If no, is it due to Separation Divorce Death Other

With whom does the child live? _____

In case of divorce, who has legal custody? Mother Father Other

Are there any visitation restrictions of which school personnel need to be aware? Yes No

If yes, please specify: _____

