

Seton Montessori Summer Camp
5728 Virginia Avenue, Clarendon Hills, Illinois 60514
Phone (630) 655-1066

2024 SUMMER CAMP PROFILE OF MY CHILD

Child's Name: _____ Nickname: _____ Child's Birthdate: _____

Program Level: Young Toddler Toddler Early Childhood Elementary

Program: Half Day All Day

To aid the Camp Staff in getting to know your child better and assist in the planning of Summer Camp, please answer the following questions about your child. Please return the completed forms to the Seton office as soon as possible. *Completed forms must be turned in before your child's first day of camp.*

1. Describe your child's personality (Preferences, strengths, challenges, etc.)

2. Does your child have allergies, take any medication, or have foods he/she cannot eat, etc.? Yes No
If yes, please provide details.

3. Please detail any additional circumstances surrounding your child's health we should be aware of.

4. Does your child have previous Montessori experience outside of Seton and/or other school experience Yes No
If yes, how long and where?

5. Please detail any unusual circumstances involving your child or any family situation we need to be aware of.

6. What are your expectations for your child's experience at summer camp this year?

PLEASE COMPLETE FOR CAMPERS 15 months – 4 years of age:

7. Does your child use the toilet independently? Yes No
Comments:

8. Is your child able to dress independently? Yes No
Comments:

Feel free to attach any additional comments.

Parent / Guardian Name

Date