



Personal details	
Name	
Date of birth	
Place of residence	
School:	
Group:	

Personal interests	
What are your child's interests?	
What does your child find difficult?	
What is your child good at?	
Does your child have an allergy?	
Any foods your child may not eat?	



Family	
Any special family circumstances?	
Does your child have brothers or sisters?	No / Yes, how many? Brothers ____ Sisters ____
Are the parents separated?	Yes / No / Other
Are any support or care agencies involved?	

General information	
Can someone else collect your child?	Yes / No
If yes, by whom?	
Does your child have a swim certificate?	Yes / No
Which certificate?	
May your child play outside independently?	Yes / No

Additional information	
Does your child take medication?	Yes / No
If yes, which medication?	
Can he/she take it independently?	