



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# STUDENT INFORMATION FORM

YMCA of Greater Waukesha County

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender  M  F  Other Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

## PARENT/GUARDIAN #1

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ Occupation \_\_\_\_\_

## PARENT/GUARDIAN #2

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ Occupation \_\_\_\_\_

## EMERGENCY CONTACTS (Other than Guardian)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Persons authorized to pick up child in addition to Parents/Guardians listed above:

| Name  | Phone | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |

## HOUSEHOLD INFORMATION

Does the student reside with both parents?  Yes  No If no, please describe. \_\_\_\_\_

What languages are spoken in the home? \_\_\_\_\_

Please list any other members of the household (add a separate piece of paper if needed)

| Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

Do you have any pets? If so, please list \_\_\_\_\_

**PERSONALITY & INTERESTS**

How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests? \_\_\_\_\_  
\_\_\_\_\_

How does your child show feelings? \_\_\_\_\_  
\_\_\_\_\_

Does your child have a security item?  Yes  No If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

What are your child's fears? When you come across them, how do you handle the situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child display a dominant hand?  Left  Right  Both  Unknown  
Has your child experienced any traumatic events (death, divorce, injury, illness)? \_\_\_\_\_  
\_\_\_\_\_

How self-sufficient is your child at dressing themselves? \_\_\_\_\_

How self-sufficient is your child at washing hands? \_\_\_\_\_

Has your child had any previous school, day care, or other group experiences? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

Do you or any other family members have a hobby, talent, or interest you would be willing to share with the class? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

What are you hoping to have your child gain during his/her experience this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information that may be helpful in working with and understanding your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_