



RRCC SACC Personal and Family History Form

Child's Name:	Nickname:	Age:
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Others that live in the home:

	Name:	Relationship to child:	Age:
1			
2			
3			
4			

Helpful Questions:

What language(s) are spoken in the home?
What kinds of activities does your child enjoy?
Has your child had any unfavorable experiences we need to be aware of? Circle YES or NO If yes, please explain:
Does your child have any special fears or dislikes?
What methods of encouragement/motivation work well with your child?
What types of behavior management do you use at home?
What is the best way to communicate with you (the parent)?
Is homework a priority to completed before the child goes home? Circle YES or NO
Are there any social, physical, educational, or emotional concerns your child has?
Any additional information?

Activity Exclusion, Activity Release, Sunscreen Policy & Permission Form

Are there any activities you want your child to be excused from? Circle YES or NO if yes initial	
1 Activity excluded from: _____	Initials: _____
2 Activity excluded from: _____	Initials: _____
3 Activity excluded from: _____	Initials: _____

Are there any activities you give your child permission to be released to? Circle YES or NO	
<i>I understand that RRCC SACC is not responsible for my child from the time that my child leaves the program for the activity. RRCC SACC resumes responsibility when the child returns and is checked into the program.</i>	
1 Activity released to: _____	Initials: _____
2 Activity released to: _____	Initials: _____
3 Activity released to: _____	Initials: _____

Sunscreen Policy & Permission:

*as recommended by the American Cancer Society. I have read the RRCC SACC Policy and understand it is my responsibility to provide sunscreen for my child if I **do not want** to use the provided RRCC SACC sunscreen.*

Parents Name: _____ Signature: _____ Date: _____