**RRCC SACC Personal and Family History Form**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Nickname:</th>
<th>Age:</th>
</tr>
</thead>
</table>

**Others that live in the home:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to child:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**
  - 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.

<table>
<thead>
<tr>
<th>Parents Name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>