



Children's Resiliency Retreat Family Questionnaire

PLEASE FILL OUT BOTH PAGES OF THIS FORM

Parent/Guardian Name(s): _____

Marital Status: _____ Married _____ Separated _____ Widowed _____ Divorced

With whom does your child live? _____

Is the child currently a member of the Boys & Girls Club of Souhegan Valley? _____

The following information allows the program staff to work more effectively with your children. Please fill in the appropriate areas.

Family member(s) who are chemically dependent:

In recovery? Yes _____ No _____ Comments: _____

In treatment? Yes _____ No _____ Comments: _____

Family member(s) who are in therapy _____

Comments: _____

Where? Therapist name: _____

Who may pick up your children?

Please list the names of two people who can be called in an emergency:

Name and Address: _____

Relationship to Child: _____

Phone (with area code): _____

Name and Address: _____

Relationship to Child: _____

Phone (with area code): _____

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.

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Children's Resiliency Retreat Child Questionnaire

Parent/Guardian Name(s):

(First) _____ (Last) _____

(First) _____ (Last) _____

Has (Have) your child(ren) participated in our Children's Program in the past? Yes No

If YES, when? _____

1. Child's Name: (First) _____ (Last) _____

Age _____ Birth Date ____/____/____ Grade Level in school _____

In what activities does your child participate? _____

Has your child ever had special education services? Yes No If

YES, please describe. _____

Does your child read? Yes No

Does your child's school have support groups for children? Yes No

If YES, is your child participating? Yes No

Children often have special needs, including food allergies and/or dietary restrictions? Please describe your child's needs. _____

2. Child's Name: (First) _____ (Last) _____

Age _____ Birth Date ____/____/____ Grade Level in school _____

In what activities does your child participate? _____

Has your child ever had special education services? Yes No

If YES, please describe. _____

Does your child read? Yes No

Does your child's school have support groups for children? Yes No

If YES, is your child participating? Yes No

Children often have special needs, including food allergies and/or dietary restrictions? Please describe your child's needs. _____

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