

**CONFIDENTIAL INFORMATION from PARENT**

CAMP DATES (List dates for each week) \_\_\_\_\_

**Parents:** We can work more effectively with your child at camp this summer if we know as much about him/her as possible. Please help us by filling in the blanks on this form and returning it to us **AT LEAST 30 DAYS BEFORE YOUR CHILD LEAVES FOR CAMP.** All information will be strictly confidential and used intelligently in the best interest of your child. This will be given to your child's cabin counselors to help them provide the best experience possible.

**Note:** Please return this form with your **HEALTH FORM** (and **TRIP** or **CILT FORMS** if applicable) directly to:

Well-liked nickname: \_\_\_\_\_ Age while at camp: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Living with whom? \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Legal Guardian/Parent name(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Other relatives living in the same house (# & ages): Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Church preference: \_\_\_\_\_ Member? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

What in addition to the Health Record should the camp know about your child in order to serve your goals better? Any physical disabilities or limitations? \_\_\_\_\_

Check the term that best describes camper's health currently: Robust      Normally Healthy      Below Average      Sickly  
(For Girls) Has this camper menstruated? \_\_\_\_\_ If no, has she been told about it? \_\_\_\_\_

What illness has the camper had lately? \_\_\_\_\_

Will these affect camper taking part in camp activities? \_\_\_\_\_

Has your child experienced any recent life changes that may effect his/her time at camp? (i.e. recent move, family death, etc.) \_\_\_\_\_

Is camper subject to bed wetting? \_\_\_\_\_ (If so, camper must bring his/her own rubber sheet.)

How is it handled at home? \_\_\_\_\_

Is camper subject to nightmares, sleepwalking or talking in his/her sleep? \_\_\_\_\_

Comments: \_\_\_\_\_

What areas of your child's life would you hope to see developed by the camp experience? \_\_\_\_\_

What do you consider his/her strengths and weaknesses? \_\_\_\_\_

What responsibilities does camper have around home and in the community? \_\_\_\_\_

Has camper been away from home without his/her parents before? \_\_\_\_\_ How long? \_\_\_\_\_  
Where? \_\_\_\_\_

Has your child experienced homesickness before? \_\_\_\_\_ What works well with your child when dealing with homesickness? \_\_\_\_\_

School work:      Excellent      Average      Fair      Poor

Any special problems with class mates? \_\_\_\_\_

What social contact does camper have with others about his/her own age? \_\_\_\_\_

**Last Name:**

**First Name:**

Makes friends: Easily Fairly Easily With difficulty

Comments: \_\_\_\_\_

Expresses Feelings: Easily Fairly Easily With difficulty

Comments: \_\_\_\_\_

What serious fears does camper have? (name them) \_\_\_\_\_

Personality Traits: Please circle the following characteristics you feel best describe your child...

Tense	Shy	Helpful	Happy	Selfish
Aggressive	Follower	Leader	Easy going	Moody
Cooperative	Nervous	Withdrawn	Quick learner	Antagonistic

Needs extra time for \_\_\_\_\_

What type of discipline works well with your child? \_\_\_\_\_

\_\_\_\_\_

### SPECIAL AUTHORIZATIONS

**RIFLERY:** Will you allow your child to participate in using .22 cal. rifles at the Riflery range, under the supervision of a qualified camp staff member, should he/she desire? Yes No

**FLOAT TRIPS:** Campers who are in the two oldest age groups (typically 12 years of age and older) have as a program option an opportunity to take a Canoe Float Trip down the \_\_\_\_\_ River. Campers in Advanced Kayaking may do a short trip on the \_\_\_\_\_ River as well. Both of these are lead by certified Lifeguards, orientation on safety is provided, and PFD's are worn. Does your child have your permission to take one of these field trips sponsored by the camp which might take him/her off the premises? Yes No (Please call us if you have questions.)

**SWIMMING:** All beginning swimmers will be required to take instructional swim clinic unless you notify us otherwise.  
I do not wish for my child to be required to take swim lessons even if they test as a "beginning" swimmer.  
I do wish you to sign my child up for lessons if "beginning" swimmer.

Are there any activities in which your child should not participate? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who else in your family has been a \_\_\_\_\_ camper? (Father, Mother, sibling, children, etc.)  
Name When?

\_\_\_\_\_  
\_\_\_\_\_

## Have You Completed The Camper's Health Form?

## Have You Enclosed Your Fee Balance?

**PLEASE NOTE:** All phone calls to camp, except emergencies, should be made during regular office hours, which are between \_\_\_\_ a.m. - \_\_\_\_ p.m. (\_\_\_\_\_ Time), Monday through Friday. **THANK-YOU!**

Last Name:

First Name: