

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: