



Check session(s) attending: 1___ 2___ 3___ Adv___
------------------------------------------------------

### CAMPER CONFIDENTIAL FORM

Both sides of this form should be completed by the parent.

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: Female Male      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Describe your child (i.e. disposition, special interests, strengths, weaknesses). \_\_\_\_\_

\_\_\_\_\_

Has your child been away from home for more than one week? Yes No How long? \_\_\_\_\_

Has your child ever been to camp before? Yes No

Where? \_\_\_\_\_ What years? \_\_\_\_\_

How was the experience? \_\_\_\_\_

Please list any siblings attending camp. \_\_\_\_\_

Describe your child's eating habits. \_\_\_\_\_

\_\_\_\_\_

Does s/he have any strong dislikes for certain foods? Which ones? \_\_\_\_\_

Has your child ever been treated or hospitalized for an eating disorder? Yes No

Is your child afraid of:

The dark? Yes Sometimes No Bugs/spiders? Yes Sometimes No

Thunder/lightning? Yes Sometimes No Lakes/swimming? Yes Sometimes No

Being away from home? Yes Sometimes No Other \_\_\_\_\_

How would you best describe your child's sleeping habits?

Normal Light Sleepwalker Sleepwalker Nightmares Night Terrors

Has your child wet the bed in the last 9 months? Yes No

Have there been any recent losses/changes (i.e. a move, friend moving away, pet dying, parent's job change)?

Yes No Explain: \_\_\_\_\_

Does your child have any illness/physical disabilities that may affect your child's stay? Yes No

\_\_\_\_\_



Camper's Name: \_\_\_\_\_

Has your child been seen by a therapist? Yes No Reason for treatment or therapy: \_\_\_\_\_

Please list all possible side effects of medication that your child is on. \_\_\_\_\_

Has your child has been on Ritalin, Zoloft, or any other prescription medication influencing behavior or mood?

Yes No Explain: \_\_\_\_\_

How does your child respond to suggestions/criticism? \_\_\_\_\_

What methods work to motivate your child? \_\_\_\_\_

What other specific information would be helpful for the counselor to know about your child?

My signature below certifies that I have read, fully understand and accept the policies in the Family Handbook. I understand that any violation of the rules or policies in the Family Handbook can result in my child being dismissed from camp without a refund.

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