

# CAMPER CONFIDENTIAL FORM

(To be completed by camper's parent/guardian)



Please help us assist your child with their camp experience by letting us know a little bit about them. This information helps us understand their unique needs and personality. All of the information you provide here is for your child's counselor and will be held in confidence. Some of the information is repeated from the Health History, but your child's counselor only has access to this form.

Camper's Name: \_\_\_\_\_ Well-Liked nickname: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at camp: \_\_\_\_\_

Grade in the fall: \_\_\_\_\_ Returning camper:  Yes  No How many years? \_\_\_\_\_

Camper lives with:  Mother Only  Father Only  Mother and Father  Other \_\_\_\_\_

Camper Gender: \_\_\_\_\_

How does your child feel about attending camp?

\_\_\_\_\_

Does your camper have any special fears? \_\_\_\_\_

Does your camper have any dietary restrictions or food allergies? (Be specific)

\_\_\_\_\_

My child makes friends:  EASILY  FAIRLY EASILY  HAS DIFFICULTY

Please mark each word you would use to describe your camper when they are with other children:  Shy  Friendly  Quiet  Outgoing  Leader  Follower  Competitive

When participating in group games/activities, are there areas that are difficult for your camper? (Ex. Winning/losing, rule following, turn-taking, etc)

\_\_\_\_\_

How can we best help your camper work through those challenges?

\_\_\_\_\_

\_\_\_\_\_

**Please read the Camp Policies** and also please list any other information you feel will help us better serve your child, and to make their camp experience the highlight of their summer.

\_\_\_\_\_

\_\_\_\_\_