

Camper Name _____

CAMPER INFORMATION

From Parent To Counselor

FILL OUT AND BRING TO CAMP ON REGISTRATION DAY. It is important that this form be filled out in a straight-forward manner. This information will help your child's cabin counselor better care for your child and be held confidential.

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|---|------------------------------|-----------------------------|
| 1. Did your child come to camp voluntarily? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Has your child been to camp before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If "yes," did he/she enjoy it? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. If "no," please share why he/she did not enjoy it? | | |

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|--|------------------------------|-----------------------------|
| 5. Might your child wet his/her bed this week? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Might your child might become homesick? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is your child hyperactive or have an attention disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. If you said "yes" to any of these, what suggestions you have to your child's counselor? | | |

9. Are there any home situations that the camp staff should be sensitive to while your child is at camp? (Examples: divorce, accidents, deaths, illness, loss of a pet)

10. Do you have any other information or suggestions that would help your child's counselor?