

Camp Miriam 2010 Camper Information Form

(to be completed by parent/guardian)

In order to provide the best camp experience possible, we would like to get to know your camper before s/he arrives at camp this summer. Please complete this form in as much detail as possible. The information will be kept confidential.

Camper Name: _____ Session: _____

Birthdate: _____ Grade completed by summer: _____ School: _____
M/D/YR

Mother's name: _____ Occupation: _____ email: _____

Father's name: _____ Occupation: _____ email: _____

Siblings names and ages: _____

Camper resides with: _____

How does your child spend his/her free time? _____

Are there activities in which your child excels? _____

Are there activities that your child has difficulty with? _____

Has your child been away from home before? _____ How long? _____ Were there any problems? _____ Please describe. _____

Please circle if your child has a history of the following and elaborate below:

Trouble sleeping or falling asleep

Walking/talking while asleep

Bedwetting

Eating problems

Learning Disability

Fears/Phobias

Aggressive/Defiant behaviour

Homesickness

Shyness

Does your child make friends easily? If not, please elaborate: _____

Does your child upset/anger easily? If so, what upsets/angers him/her? _____

What do you do to calm him/her? _____

Does your child have difficulty following directions? If yes, please elaborate and include suggestions for dealing with the problem: _____

Are there any family issues that the staff should be aware of? _____

Has your child suffered from any form of mental illness not covered on this form? Yes No

If yes, explain what psychological or psychiatric help was sought? _____

Does your child have any misgivings about coming to camp? Please explain. _____

Please tell us anything else that your child's counselors should know about your child before he/she arrives at camp to help make the summer a great experience!

If you expect to be away from your residence during part of or all of your child's stay at camp, it is essential that we know when and where you can be reached.

I (we) expect to be away from home on the following dates: _____

I (we) will be at/in: _____

Daytime phone: _____ Evening phone: _____

If it becomes necessary for my child to leave camp, I (we) give permission for him/her to be released to: _____

Name

Relationship

This form has been completed by: _____

Mother

Father

Guardian

Date: _____