

CONFIDENTIAL INFORMATION - 2002

Date: _____

Camper's Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Favorite Nickname: _____ School Grade following camp in September: _____

1. Is your child: very independent: _____ independent: _____ average: _____ dependent: _____

Comment: _____

2. Socializing qualities of children vary. Please indicate your child's abilities:

below average: _____ average: _____ above average: _____

3. Are you sending any serums, etc. for Camp Doctor's attention? _____
(If "yes", make sure your doctor sends careful schedule of instructions.)

4. Are there any individual problems of emotional or social adjustment which you anticipate from previous behavior? _____ If so, please elaborate in a separate letter to the Camp Director. This will be treated in confidence.

5. Some children have various sleeping habits; that is, going to bed but awakening during the night, bed wetting, sleepwalking, restlessness, etc. Please comment on any special habits, if applicable: _____

6. Comments concerning: Health: _____

Eating: _____ Allergies: _____

7. Need of encouragement to participate: _____

8. Indicate any special characteristics that will help us place your child in the proper group: _____

9. What are your child's special interests or hobbies? _____

10. What are the activities your child is interested in learning at camp? _____

11. Any activities to be restricted? _____

12. Names of other campers requested in bunk (We do our best! No guarantees!) _____

13. Additional remarks: _____

Permission: I agree to let photographs, art work and recordings of or by my child produced during the camp season to be used by the camp.

Parent's Signature _____

Home Phone _____

Summer Phone _____

Beeper Number _____

Please complete every item on this form.
Feel free to use reverse side.