



CAMPER'S NAME: _____ GENDER: _____

LAST

FIRST

PARENTS' CONFIDENTIAL INFORMATION

THIS FORM MUST BE SENT IN BY MAY 15TH. AFTER THAT, IT IS HARD TO DEAL WITH PAPERWORK WITH EVERYTHING GOING ON AT CAMP. STAFF REALLY, REALLY PAYS ATTENTION TO WHAT IS WRITTEN ON THIS PAPER. PLEASE TRY TO GET IT TO US. IN ORDER TO BE MOST HELPFUL TO YOUR CHILD IN HIS/HER ADJUSTMENT TO CAMP LIFE, TO SYMPATHETICALLY UNDERSTAND HIM/HER, AND TO DIRECT HIS/HER GROWTH AND DEVELOPMENT, WE ARE ASKING FOR THE FOLLOWING CONFIDENTIAL INFORMATION.

THIS INFORMATION IS SHARED ONLY WITH RELEVANT STAFF, AND WILL BE USED INTELLIGENTLY SO THAT HE/SHE CAN GET THE MOST FROM THEIR CAMPING EXPERIENCE. YOUR CHILD WILL NOT SEE THIS FORM AT CAMP. HAVE YOUR CAMPER FILL OUT THE CAMPER LETTER FIRST, BEFORE YOU FILL OUT THE INFORMATIONAL SECTION OF THIS FORM.

CAMPER'S AGE: _____ ANY BROTHERS?: _____ AGES: _____ ANY SISTERS?: _____ AGES: _____

GUARDIAN 1 .NAME: _____ OCCUPATION: _____

GUARDIAN 2 .NAME: _____ OCCUPATION: _____

CHILD LIVES WITH (PLEASE CIRCLE ONE): BOTH PARENTS MOTHER FATHER GUARDIAN

SCHOOL: _____ GRADE: _____

PERSONALITY TRAITS: PLEASE CIRCLE THE FOLLOWING CHARACTERISTICS THAT BEST DESCRIBE YOUR CAMPER.

TENSE SHY HELPFUL HAPPY SELFISH LEADER EASY GOING WITHDRAWN
FOLLOWER COOPERATIVE NERVOUS MOODY QUICK LEARNER AGGRESSIVE FUN

NEEDS EXTRA TIME FOR _____

MAKES FRIENDS: EASILY FAIRLY EASILY WITH DIFFICULTY COMMENTS _____
(CIRCLE ONE)

EXPRESSES FEELINGS: EASILY FAIRLY EASILY WITH DIFFICULTY COMMENTS _____
(CIRCLE ONE)

WHAT SERIOUS FEAR DOES YOUR CAMPER HAVE? _____

WHAT PLAY ACTIVITIES DOES HE/SHE MOST ENJOY? _____

HOW DOES HE/SHE GET ALONG WITH CHILDREN HIS/HER AGE? _____

HAS YOUR CHILD BEEN AWAY FROM HOME BEFORE? _____ HOW LONG? _____

THIS IS YOUR CHILD'S _____ YEAR AT CAMP. THE YEAR MY CHILD LAST ATTENDED CAMP _____

HOW WAS HIS/HER EXPERIENCE? _____

WHAT DO YOU HOPE YOUR CHILD WILL GAIN FROM HIS/HER EXPERIENCE AT CAMP HIGH PLACES? _____

WHICH ACTIVITIES OR SPECIAL SKILLS WOULD **YOU** LIKE TO SEE YOUR CHILD LEARN, PRACTICE, OR DEVELOP WHILE AT CAMP?

WHAT DOES THE **CAMPER** HOPE TO GET OR LEARN FROM CAMP? _____

HOW DOES YOUR CHILD FEEL ABOUT COMING TO CAMP HIGH PLACES? _____

SPECIAL NOTE REGARDING CAMPER'S HEALTH (EATING PROBLEMS, ALLERGIES, PREVIOUS ILLNESSES, BED-WETTING, FEARS OR ACTIVITIES THEY CANNOT PARTICIPATE IN, ETC.) _____

PLEASE PROVIDE ANY OTHER INFORMATION, SUGGESTIONS, OR IDEAS THAT WILL HELP YOUR CHILD'S COUNSELOR IN FULFILLING HIS/HER DUTIES AND MAKE YOUR CHILD'S CAMPING EXPERIENCE A MORE ENJOYABLE ONE.

CAMPER LETTER

EACH CAMPER IS ASKED TO WRITE A NOTE TO OUR COUNSELORS BEFORE CAMP BEGINS. IN THIS WAY, OUR COUNSELORS CAN MAKE THE CAMPERS FEEL WELCOME AND KNOW MORE ABOUT EACH CHILD. CAMPERS SHOULD BE ENCOURAGED TO COMPLETE THIS LETTER WITH SOME SPECIFIC THINGS THEY ARE LOOKING FORWARD TO AT CAMP THIS YEAR, AND INCLUDE SPECIAL INTERESTS AND CAMPING EXPERIENCES THEY HOPE TO GAIN THIS SUMMER. PLEASE INCLUDE SOME OF YOUR HOBBIES, ANY NICKNAMES YOU ENJOY, PREVIOUS CAMPING EXPERIENCES OR SPECIAL INTERESTS YOU HAVE.

DATE: _____

DEAR COUNSELOR: