

(For Office Use Only)

Week	1	2	3	4	5	6	7	8	9
Section									



2010 CAMPER CONFIDENTIAL FORM

(To be completed by parent or guardian)

Your camper's Housing Staff and the Camp Administration will use this information to help insure the best possible camp experience for your son or daughter. Please answer all questions as completely as possible keeping in mind that the information you share will be used in strict confidence. The CAMPER CONFIDENTIAL is shared only with those Staff who will be working directly with your child and the camp office administration. **Please return this form at least 4 weeks prior to the camp session.**

Child's Full Name _____ Birth date _____ Sex _____ Age _____ Grade _____

What name does your child prefer to be called? _____ Best Contact Phone Number _____

CAMPER CONTACTS: IMPORTANT PLEASE FILL OUT COMPLETELY

List all persons who are allowed to pick-up your child from camp. Please use first and last names. **YOU MUST INCLUDE PARENT/GUARDIAN NAMES.**

NAME	RELATIONSHIP	NAME	RELATIONSHIP
1.	Parent	4.	
2.		5.	
3.		6.	

Your child will only be able to leave with those listed above !
Please inform us of any person(s) who your camper should NOT be in contact with:

Parent(s): Divorced Separated Single Married
Child lives with (Check One): Mother only Father only Both parents Guardian

Mother's/Guardian's Employer _____ Title _____ Phone _____
Father's/Guardian's Employer _____ Title _____ Phone _____

Please list other children in the family and their ages _____
Which, if any, are attending camp with this child? _____
How does child get along with other family members? _____

PERSONAL ADJUSTMENT

What methods of motivation and discipline have been effective with child? _____

Child usually gets _____ hours of sleep.

Does child usually need to rise for a night toilet? _____ Is child a "bed wetter"? _____

Has child had any sleeping problems, (e.g. nightmares, sleepwalking, etc.)? _____

Has child ever had professional counseling? No Yes If yes, please describe _____

Also, has the Counselor made any recommendations relevant to camp adjustment? _____

Does child have any medical problems that the housing staff should be aware of? No Yes If yes, please describe problem and any medical instructions _____

Check here if your child takes regular medications - Brkfst Lunch Dinner Bedtime Other _____

OVER →

Last Name _____
First Name _____
MI _____
SESSION 1 2 3 4 5 6 7 8 9

Camper Name: _____

RESTRICTIONS

The following restrictions stated by the parent/guardian apply to this individual.

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary) _____

Is child a: Hearty Moderate Light eater?

Has child any eating or diet problems? _____

Dietary Restrictions: Does not eat red meat Does not eat pork Does not eat eggs
 Does not eat poultry Does not eat seafood Does not eat dairy products

Other _____

Limited ability for special diet needs — call Camp Office

HOBBIES AND SOCIAL INTEREST

Child associates usually with [Check One: no one few many friends.

Child's friends are mostly [Check One: younger same age older.

Child is generally [Check One: a leader a follower a loner in his/her peer group.

Child's athletic skills are [Check One: excellent good fair poor.

What musical or creative skills does child have? _____

Child reads for pleasure [Check One: rarely occasionally frequently avidly.

SCHOOL/CAMP

Child attends what school? _____ Type? Check One: Public Parochial

Grade this fall _____ In what subjects does he/she excel? _____ Do poorly? _____

Has child been away to camp before? _____

Away from parents & relatives before? _____

Any homesickness or other adjustment problems? _____

If at Anokijig before, who was child's Counselor? _____

Did child choose on his/her own to come to Anokijig this year? _____

Name any friends who will be attending camp with him/her? _____

Is child looking forward to camp? Check One: enthusiastically cautiously apprehensively

What is child's current swimming level? Check One: Non-swimmer Beginner Intermediate
 Advanced Competitive

Comments _____

What is child hoping to get from a camping experience at Anokijig? _____

What are parents hoping that the child will gain from this camping experience? _____

Please list any additional comments that might be helpful _____