

Week	1	2	3	4	5	6	7	8	9
Section									

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



Portrait Photo  
Attached Here

## 2019 CAMPER CONFIDENTIAL FORM

(To be completed by parent or guardian)

Your camper's Housing Staff and the Camp Anokijig 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 6 weeks prior to the camp session to avoid cancelation.**

Child's Full Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade Sept 1, 2019 \_\_\_\_\_

Best Contact Phone Number 8 am—5 pm Daytime \_\_\_\_\_

5 pm—8 am Evenings/Nights \_\_\_\_\_

What name does your child prefer to be called? \_\_\_\_\_

### 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.	<b>Parent</b>	4.	
2.	<b>Parent</b>	5.	
3.		6.	

**Your child will only be able to be picked up at Camp or the Bus Stop 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? \_\_\_\_\_

### 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 night toilet? No Yes Is child a "bedwetter"?  No  Yes

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 conditions that 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 \_\_\_\_\_

## RESTRICTIONS

The following activity 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) \_\_\_\_\_

Has child any eating or diet problems? \_\_\_\_\_

Food Allergies:  Gluten  Dairy  Other (please specify) \_\_\_\_\_  
 Peanut  Lactose \_\_\_\_\_

Dietary Restrictions:  Gluten Free  Vegan  Diabetic  
/Preferences  Vegetarian  Other (please specify) \_\_\_\_\_

*Limited ability to accommodate special diet needs — call Camp Office*

## HOBBIES AND SOCIAL INTEREST

Child associates usually with [Check One:  none  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 \_\_\_\_\_

**Camp Anokijig**  
**W5639 Anokijig Lane**  
**Plymouth, WI 53073**

**Office Hours:**  
9:00 am—5:00 pm CST  
Monday-Friday

**anokijig@anokijig.net**

**www.anokijig.com**  
800-741-6931  
920-893-0782