

Week	1	2	3	4	5	6	7	8	9
Section									

Last Name



Portrait Photo Attached Here

2023 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 cancellation.

Child's Full Name _____

What name does your child prefer to be called? _____

Birth date _____ Sex _____ Age _____ Grade Sept 1, 2023 _____

1st Contact Phone _____ Name: _____

2nd Contact Phone _____ Name: _____

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.

First Name

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

Only those people designated by name above will be allowed contact with your camper (phone calls, visits, pick-up privileges at camp or bus stop).

Names of those NOT ALLOWED contact with your camper:

Parent(s): Divorced Separated Single Married

Child lives with (Check One): Mother only Both parents Father only Guardian

Parent 1/Guardian's Employer _____ Title _____ Work Phone _____

Parent 2/Guardian's Employer _____ Title _____ Work Phone _____

Please list other children in the family and their ages _____

Which, if any, are attending camp with this child? _____

MI

SESSION

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 Does child experience nighttime incontinence? 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 _____

1 2 3 4 5 6 7 8 9

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 concerns? _____

Food Allergies/
Restrictions Gluten Dairy Other (please specify) Diabetic
 Peanut Lactose _____

Special Meal Gluten Free Vegan Dairy Free
Requests: Vegetarian Dairy Free _____

NOTE: Special Meal request will require an added fee of \$25 per session

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 do they 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 their own to come to Anokijig this year? _____

Name any friends who will be attending camp during same session _____

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 _____

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9:00 am—5:00 pm CST
Monday-Friday

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