

Dear Camp Family,

We want to provide you and your camper with the most positive and rewarding camp experience. We need your help to gauge your child's adjustment process. Information about the kinds of activities your child enjoys is equally as important as any concerns or apprehensions you may have before camp.

As parents we sometimes hesitate to relate information about our child's behavior or past experiences. There may be a fear the information could be mishandled or a concern that our child would be labeled in some way. Parents want their camper to have a strong, fresh start at camp every summer. Campers want that too! As a parent, a camp director, a former counselor and a former camper I appreciate all of these viewpoints.

We need your help so our staff get the best preparation they can get. Awareness of a major change in your child's family, a learning difficulty, or just plain bed-wetting helps the counselor to be ready with patience, understanding and reassurance. This is especially helpful at the beginning of a session when they may have doubts about a successful camp experience. Children often use their behavior rather than their words to tell us something is bothering them. Advance knowledge of areas that might be difficult for your child helps us to understand the message behind the actions. You know your child better than we do. The more information you give us the better we can understand your child and the more we can assure them of a positive camp experience.

This need not only be points of concern. Knowing your child is a budding track star will save me the embarrassment of accepting the challenge of a race! I can keep it to Rock, Paper, Scissors and level the playing field. Remember, when faced with challenges, we can help your child have great success if you help us. Thank you for being a part of our camp family.

Chris Scheuer – Summer Resident Camp Director/Assoc, Executive Director

Chris

Camper Information

Please return to camp four weeks before your arrival at camp

Camper's Full Name: _____ Likes to be called? _____

Attending:

Session 1(a) Session 1(b) Session 1 Session 2 Session 3 Session 4 Session 5

Gender: M F Age: __ Birthday at camp? Yes No Grade entering in school _____

Returning camper? Yes No If yes, how many summers _____

Attended another camp before? Yes No If yes: Day Camp Overnight Camp

Dates and Notes: _____

Favorite activities? 1. _____ 2. _____ 3. _____

Can your child swim? Yes No Taken lessons before? Yes No

If yes, what level have they attained (ARC, YMCA or camp level)? _____

Are there any dietary restrictions/concerns/allergies? Yes No

Notes: _____

Does your child wet the bed? Yes No Nightly Weekly Occasionally

Notes: _____

Do you anticipate any difficulties with any aspect of camp or activities? Yes No

Notes: _____

Do you feel your child makes friends easily? Yes No

Notes: _____

Do you have any hopes or goals for camp? Yes No

Notes: _____

Any siblings attending camp? Yes No Same session? Yes No

Name & Age

What Session/Program?

1. _____
2. _____