

PARENT/CAMPER CONFIDENTIAL INFORMATION
(Please return this page with packet prior to arrival.)

Camper's Preferred Name: _____ **Session Number:** _____

Please provide the following information to help the camping staff best serve your camper:

- | | | | | | |
|---|-----|----|---|-----|----|
| 1. Has your child been homesick before? | YES | NO | 7. Is there a court order prohibiting anyone from visiting or picking up your camper? | YES | NO |
| 2. Has your camper been to an Overnight Camp? | YES | NO | | | |
| 3. Does your child wet the bed? | YES | NO | | | |

4. What is your child looking forward to doing at camp?

Please provide necessary name(s) and details:

5. Is there a recent event or strong fear that might cause your child to be afraid or unhappy at camp?

(ie. Recent divorce, death, strong fear of thunderstorms, etc.)

YES NO

Explain:

8. Names of people, other than the parents, to whom the camper may be released:

9. Any other comments or concerns that staff should be aware of?

6. Does your camper have an IEP Plan you would like to make us aware of? YES NO

*If yes, please bring a copy with you to Check-In

Please use this space for any additional necessary information: