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

Camper's 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
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?

_____

_____

_____

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:

_____

_____

_____

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_____

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

7. Is there a court order prohibiting anyone from visiting or picking up your camper? YES NO

Please provide necessary name(s) and details:

_____

_____

_____

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

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

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Please use this space for any additional necessary information:

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