



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camper Information

Camper Name: _____ Date of Birth: _____

By providing complete information about your child, you will be assisting counselors in creating a positive experience for your child. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who is in your child's immediate family?

Who lives at home with your child?

What is the primary language spoken in your child's home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?

Are there any changes or transitions that your child has recently experienced or is experiencing? (move, divorce, new home, death of a family member, friend or pet)?

Are there any cultural or religious practices of your family we should be aware of?

Do you have any pets at home?

Does your camper have any favorite foods?

Does your camper dislike any foods?



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Please check all of the words that best describe your child's personality and behavior?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> active | <input type="checkbox"/> easily-angered | <input type="checkbox"/> loving |
| <input type="checkbox"/> adventurous | <input type="checkbox"/> emotional | <input type="checkbox"/> mellow |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> energetic | <input type="checkbox"/> outgoing |
| <input type="checkbox"/> bossy | <input type="checkbox"/> excitable | <input type="checkbox"/> prefers adult attention |
| <input type="checkbox"/> bright | <input type="checkbox"/> friendly | <input type="checkbox"/> quiet |
| <input type="checkbox"/> busy | <input type="checkbox"/> gives-in-easily | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> calm | <input type="checkbox"/> happy | <input type="checkbox"/> serious |
| <input type="checkbox"/> cautious | <input type="checkbox"/> hesitant | <input type="checkbox"/> shares well |
| <input type="checkbox"/> cheerful | <input type="checkbox"/> insecure | <input type="checkbox"/> social |
| <input type="checkbox"/> content | <input type="checkbox"/> jealous | <input type="checkbox"/> spontaneous |
| <input type="checkbox"/> creative | <input type="checkbox"/> likes structure/routines | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> curious | <input type="checkbox"/> loud | <input type="checkbox"/> tentative |

Are there things that frighten your child? if so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

What might you and/or your child be anxious about as he/she starts in the program?

What are you and/or your child excited about as he/she starts in the program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

☞ Parent Signature : _____ Date: _____



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