



Confidential Camper Information

Name _____ Age _____ Date of Birth _____

Grade in September 2007 _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

1. Who lives in the home?

Father _____ Mother _____ Names and ages of siblings:

2. If divorced or legally separated, who has custody? _____

To Whom may your child be released? _____

3. Church Affiliation _____

4. Has your son/daughter previously been to camp? _____ How long? _____

Name of camp: _____

5. What fears, if any, does your child have? _____

6. Is your child oversensitive? _____ If yes, in what way? _____

7. Camper's sleeping habits: Light _____ Heavy _____ Sleepwalks _____ Nightmares _____

Bed Wets _____ Just Fine _____ All of the above! _____

8. Socializing qualities (mixing, group living, etc.): Below Average _____ Average _____

Above Average _____ COMMENTS: _____

9. My child is: Very Independent _____ Independent _____ Average _____

Dependent _____ Very Dependent _____ COMMENTS: _____

11. My child makes friends: Easily _____ Very Easily _____ Average _____

Very Slowly _____ Excellent _____ COMMENTS: _____

12. My child has had previous Group Experiences outside of school: Clubs _____

Scouts _____ Other _____ Were these good experiences? _____

13. My child's religious interests are: Little _____ Some _____ Much _____
Average _____ Very Much _____ COMMENTS: _____

14. Does your child have a particular attitude, such as insisting on privacy, toward the use of the bathroom? _____

16. We are sending our child to camp for the following reasons: (check as many as apply)
___ A summer vacation _____ An experience in group living
___ Learn to further appreciate the outdoors _____ To learn new skills
___ To experience camping as you know it _____ To have a variety of experiences
___ To be a part of a Christian camp; one with a positive atmosphere
___ For a special reason _____

17. Please list special talents or interests that your child shows evidence of having: _____

18. What does the camper do with most of his/her spare time? _____

19. What kind of problem, if any, are the counselors most likely to have with your child at camp? _____

20. What additional suggestions do you have for the cabin counselors? _____

21. Has your child had psychological counseling? _____ If so, for how long and for what purpose? _____

22. Additional information or comments, if any: _____

These questions answered by: _____

Relationship to camper: _____

Signature: _____

Date: _____