

CAMP FITCH YMCA CONFIDENTIAL INFORMATION from PARENT 2010 Update

Parents: We can work more effectively with your child at camp this summer if we know as much about him/her as possible. Please help us by filling in the blanks on this form and returning it to us **before your child's first week.** All information will be strictly confidential and used intelligently in the best interest of your child. This will be given to your child's parent counselor to help them provide the best experience possible.

Note: Please return this form with your **HEALTH FORM** and **HORSEBACK RIDING FORM** directly to:
Camp Fitch YMCA, 12600 Abels Rd, North Springfield, PA 16430 or fax to 814-922-7000

CAMPER NAME _____ **DATES ATTENDING** _____

Well-liked nickname: _____ **Age while at camp:** _____ **Birth date:** ____/____/____

Legal Parent/Guardian name(s): _____ **Living with whom?** _____

Other relatives living in the same house (# and ages) : Brothers: _____ Sisters: _____

Church preference : _____ **Member?** _____

Does your child have any special needs? _____

What in addition to the Health Record should the camp know about your child in order to serve your goals better? _____

Physical Disabilities/Limitations? _____ **Recent Illnesses?** _____

Will these affect camper taking part in camp activities? _____

Has your child experienced any recent life changes that may effect his/her time at camp?(i.e. recent move, family death, etc.)

Is camper subject to constipation? _____ **Is camper subject to bed wetting?** _____ (If so, camper must bring his/her own rubber sheet)

How is either handled at home? _____

Is camper subject to nightmares, sleepwalking, or talking in his/her sleep? _____

Comments: _____

What areas of your child's life would you hope to see developed by the camp experience? _____

Has camper been away from home without his/her parents before? _____ **How long?** _____

Where? _____

Has your child experienced homesickness before? _____ **What works well with your child when dealing with homesickness?**

What serious fears does camper have? (name them) _____

What social contact does camper have with others about his/her own age? _____

Any special problems with class mates or friends? _____

Makes friends: Easily Fairly Easily With difficulty **Comments:** _____

Expresses feelings: Easily Fairly Easily With difficulty **Comments:** _____

Personality Traits: _____

What type of discipline works well with you child? _____

Has your child been to Camp Fitch before? Yes No *If yes, in what capacity? (summer, outdoor education, etc)* _____

Describe their experience: _____

Are there any activities in which your child should not participate? _____

Parent/Guardian Signature : _____ **Date:** _____

LAST NAME:

FIRST NAME: