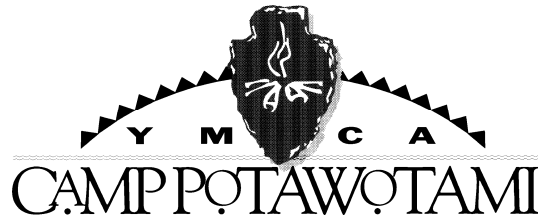


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2010



**CAMPER CONFIDENTIAL FORM FOR RESIDENT
CAMP PARTICIPANTS**

**This form must be completely filled out for attendance and
returned to camp by May 15, 2010 for summer programs.**

Please help us assist your child with their camp experience by letting us know a little bit about them before they arrive. This information helps us understand their unique needs and personality. All of the information you provide here is for your child's counselor and will be held in confidence. Some of the information is repeated from the Health History, but your child's counselor only has access to this form.

Camper's Name _____ Home Phone: _____

Gender: MALE FEMALE Well-Liked Nickname _____ Birth Date _____

Age at Camp _____ Grade in Fall _____ Returning camper? NO YES How many years at camp? _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

If either parent is deceased, please state which one. _____

Are parents divorced or separated? NO YES With whom does the camper live? _____

Names and Ages of Brothers _____

Names and Ages of Sisters _____

Has he/she ever been away from home before without his/her parents? NO YES For how long? _____

Comments: _____

My child makes friends: EASILY FAIRLY EASILY HAS DIFFICULTY

Comments: _____

IS YOUR CHILD: A slow dresser A slow eater Afraid of water, darkness, etc.?

Comments: _____

Sensitive about name, weight, height, etc.? _____

Allergic to or have strong dislikes for certain foods? _____

Subject to: Bed Wetting Sleepwalking Constipation Nightmares Fainting Tiring Easily
Asthma Nervousness Other please list

Comments: _____

Note: Bedwetting is not a serious problem if handled properly-we can best serve your child if we know about it. If your child is likely to wet the bed, send more than 1 sheet and/or blanket. This will allow us to make the bedding change discreetly. It is better to send sheets and blankets as we cannot launder sleeping bags at our facility. By working together, this will not be a problem for your child at camp.

Please give details on your camper's health that the counselor should know, including allergies and dietary or activity restriction. _____

Have there been any recent traumatic experiences of which the counselor should be aware?

Does the camper require any special accommodations? Physical? Behavioral? (Camp Potawotami is not able to provide one-on-one attended care. Please contact the Program Director if you have any questions or concerns.)

What responsibilities does the camper have at home?

What attitudes, traits, or habits are you trying to strengthen or correct?

What advice can you offer staff on working with your camper, such as fears, etc?

What do you want your camper to gain from their experience at camp?

Any additional comments, remarks, or suggestions?
