

# School Information Form

*YMCA Camp Ockanickon, Inc.*

The purpose of this section is to let Camp Ockanickon teaching staff know more about your students, their backgrounds, and your goals for the trip. This will help us provide an experience that will achieve your goals.

School Name \_\_\_\_\_ Grade (s) \_\_\_\_\_

# of years your school has attended YMCA Camp Ockanickon \_\_\_\_\_

What type of leadership will be with each group?  teachers,  parents, or  other \_\_\_\_\_

If parents are attending, what will be the extent of their role (attend class, watch cabins at night, help teach classes)?

Is this a special population group?  yes  no if yes, please describe:

What should we know about your students before they arrive? Please be specific (use some adjectives to describe your students behavior, curiosity level, approach to learning).

Have your students experienced any prior outdoor educational experiences  yes  no if yes, please describe:

We need to know in advance any important medical situations or dietary restrictions your students may have, please note we do not supply a nurse for any of our groups. Please list:

Please list any additional plans or important notes of which we should be aware of:

What goal would you like your students to achieve from YMCA Camp Ockanickon?



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Please fax back or mail two weeks prior to your arrival to camp 609-654-8895