

YMCA Camp Ockanickon Inc.
Parent Confidential Form

CAMPER'S LAST NAME _____ FIRST NAME: _____

Please check camp and session: **Ockanickon (for Boys)** **Matollionequay (for Girls)**

Ses 1 Ses 2 Ses 3 Ses 4 Ses 5 CIT LIT
 Ranger Ranger Ranger

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 **AT LEAST 30 DAYS BEFORE YOUR CHILD LEAVES FOR CAMP**. All information will be strictly confidential and used intelligently in the best interest of your child. This will be given to your child's cabin counselors to help them provide the best experience possible.

Well-liked nickname _____ Age while at camp _____ Birthday ____/____/____

Living with whom? _____ Phone (____) _____

Legal Guardian/Parent name(s) _____

Occupation(s) _____

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

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? _____

Check what best describes camper's health: Robust Normal Below Average Sickly

Camper's Height: _____ Weight: _____ Physical Disabilities/Limitations? _____

What illness has the camper had lately? _____

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 bed wetting? _____ (If so, camper must bring own rubber sheet.) How is it 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? _____

What do you consider his/her strengths and weaknesses? _____

What responsibilities does camper have around home and in the community? _____

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

Where? _____

Has your child experienced homesickness before? _____ What do you find works with your child when dealing with homesickness? _____

School work: Excellent Average Fair Poor

Any special problems with classmates? _____

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

Makes friends: Easily Fairly Easily With difficulty

Comments: _____

Expresses Feelings: Easily Fairly Easily With difficulty

Comments: _____

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

Personality Traits: Please circle the following characteristics you feel best describe your child

Tense	Shy	Helpful	Happy
Selfish	Follower	Leader	Easy going
Cooperative	Nervous	Moody	Quick learner
Aggressive	Antagonistic	Withdrawn	Needs extra time for _____

What type of discipline works well with your child? _____

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

Signed _____ Date _____
(Parent or Guardian)

Who else in your family has been an Ockanickon or Matollionequay camper? (Father, Mother, sibling, children, etc.)

Name	When?
_____	_____
_____	_____

Have You Completed The Other Forms?

Have You Enclosed Your Fee Balance?

THANK-YOU!