

# YMCA Camp Mountain Laurel

## Camper Information Record

Circle the camp name and sessions your child will be attending:

<b>Classic Camp</b>	<b>Sports Camp</b>	<b>Horseback Camp</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Classic Camp</b>	<b>Sports Camp</b>	<b>Horseback Camp</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Dear parent/guardian,

At YMCA Camp Mt. Laurel we see each child as a unique individual, and so, we would like to know more about him or her. By sharing this information with us, you will be helping us provide your child with the best experience possible.

(Please print while filling out this form.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Camper's Last Name First Nickname

I would like a picture of my child's group emailed to this address \_\_\_\_\_

Work phone (name of contact) \_\_\_\_\_ Cell \_\_\_\_\_

Home phone \_\_\_\_\_ Other phone and contact name \_\_\_\_\_

Age entering camp \_\_\_\_\_ M or F \_\_\_\_\_ Grade entering in September \_\_\_\_\_

Has your child been to camp previously? \_\_\_\_\_ where? \_\_\_\_\_ # of years \_\_\_\_\_

Is he/she allergic to or have an extreme dislike to any foods? \_\_\_\_\_

Are they often subject to (circle): fainting / tires easily / asthma / constipation / nervousness

Insect bite allergies (what type) \_\_\_\_\_ other \_\_\_\_\_

Is he/she on a doctor's prescription of any kind? \_\_\_\_\_ what \_\_\_\_\_

Are there any medical problems that the counselor should be aware of? \_\_\_\_\_

How well do they get along with others? easily \_\_\_\_\_ fairly easily \_\_\_\_\_ with difficulty \_\_\_\_\_

What are their major interests (sports; hobbies) \_\_\_\_\_

Are there any activities they should not participate in? \_\_\_\_\_

Is your child; A slow dresser \_\_\_\_\_ A slow eater \_\_\_\_\_ Afraid of water \_\_\_\_\_

Afraid of the dark \_\_\_\_\_ Other \_\_\_\_\_

Is he/she sensitive about a nickname, weight, height, changing in front of peers?

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

Any recent adjustments, school, or family situation that we should be aware of? \_\_\_\_\_

How best may be contribute to your child's development during his/her stay at camp? \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

If there is any more information you feel we should have please describe below: \_\_\_\_\_

**Please complete this form and send it in with your health form.**