



LAKWOOD-TRUMBULL YMCA
Camper Information Record 2013

Session(s) Attending

1 2 3 4 FW

Please circle all sessions(s) your child will be attending.

Dear Parent/Guardian,

At Camp Tepee, we see each child as a unique individual and 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 Last Name _____ First _____ Nickname _____

Age entering camp _____ M or F _____ Grade entering in Sept. _____

Has your child been to camp before? _____ where? _____ # of years _____

Is he/she allergic to or have an extreme dislike of any foods? _____

Is he/she often subject to (circle): fainting / tires easily / asthma / constipation / nervousness

Does he/she have insect bite allergies (what type) _____ other _____

Is he/she on a doctor's prescription of any kind? _____ If yes, 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 _____

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?

Are there any recent adjustments, school or family situations that we should be aware of?

How may we contribute to your child's development during his/her stay at camp?

Who does the child live with? _____

If there is any other information that you feel your child's Unit Director should know about, please explain on the back of this form.

I have added more information on the back of this form: yes _____ no _____

Please complete this form and return to Camp prior to child's arrival.