



JORi, totally yours.

Camper Confidential Form

Summer 2011

This form will be reviewed by the camp's director and the nurse. The information will be shared with your child's counselors as needed to ensure the best camp experience for your camper.

Camper Name _____ Nickname _____

Male Female Age _____ Birthdate ____/____/____ Birthday @ camp? Y / N

Parent/Guardian 1 _____ Occupation _____

Parent/Guardian 2 _____ Occupation _____

With whom does the camper live with? Parent/Guardian 1 Parent/Guardian 2 Both

Name(s) and Age(s) of Sibling(s) @ camp _____

Name(s) and Age(s) of Sibling(s) @ home _____

Is there anyone else at home? Y / N If yes, whom? _____

Is there anyone who is not allowed to have contact with your camper? _____

Please attach legal document if necessary.

Has s/he experienced any recent life changes that may effect his/her experience? Y/ N _____

Has s/he had previous overnight camp experience? Y / N How long? _____

Where? _____ Was the experience successful? _____

Are you concerned with potential for homesickness? Y/ N _____

Please provide three or four words that best describe your camper when s/he is with other children:

Does s/he make friends: with ease with difficulty with some support/encouragement

Does s/he experience nightmares, sleepwalking or talking in his/her sleep? _____

Does s/he have recent history of soiling self or bedwetting? Y/ N _____

Note: Bedwetting is not a serious problem if handled properly. We can best serve your camper if we know about it. If your camper is likely to bed wet, send a rubber or plastic sheet to camp and extra bedding. This will allow us to make the bedding change discreetly. By working together, this will not be a problem for your camper.

What school will s/he attend in Fall? _____

City, State of School? _____ Grade entering? _____

Does s/he have an IEP, 504 Plan or receive special consideration? Y/N _____

Does your child have any particular concerns about coming to overnight camp? _____

Does your child use a nightlight at home? _____

Does your child have any special nighttime rituals? _____

Does s/he have any special needs? _____

Does s/he camper have any dietary restrictions or food allergies? (Please be very specific) _____

Are there any other notes about eating habits? _____

What activities would s/he be most looking forward to? _____

Please provide any other information about your camper or your concerns that will help us make his/her experience a success: _____

Would you like to schedule a phone call with the director to talk about your child? Y/N

Parent/Guardian Signature _____ Date _____