

### CAMP KWEEBEC CAMPER CONFIDENTIAL FORM FOR 2010

This form is to be completed by **parents**. It is essential in helping us meet the individual needs of each camper. Please answer each question **completely** and feel free to give additional information. Of course, **this form and its contents are kept strictly confidential**. PLEASE PRINT. Thank you!

**Campers' name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

**Nickname (if any)** \_\_\_\_\_

**Personal Information:**

**Campers' current school grade:** \_\_\_\_\_

1. Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Phone: Home# (\_\_\_\_\_) \_\_\_\_\_

3. Father's name (first&last) \_\_\_\_\_ Business Name \_\_\_\_\_

Business # (\_\_\_\_\_) \_\_\_\_\_ Home# (if different from campers's(\_\_\_\_\_) \_\_\_\_\_

Address if different from camper's \_\_\_\_\_

4. Mother's Name (first&last) \_\_\_\_\_ Business Name \_\_\_\_\_

Business# (\_\_\_\_\_) \_\_\_\_\_ Home#(if different from camper's (\_\_\_\_\_) \_\_\_\_\_

Address if different from camper's \_\_\_\_\_

5. Mother's cell phone (\_\_\_\_\_) \_\_\_\_\_ Father's cell phone (\_\_\_\_\_) \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_ Camper's e-mail address \_\_\_\_\_

6. Summer Phone# (\_\_\_\_\_) \_\_\_\_\_ (If different from winter )

7. Please give us the names of **two** persons to be contacted in order of preference if you cannot be reached. Please include their relationship to the child

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone#(\_\_\_\_\_) \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

1. Does your child have any dietary problems (including food allergies) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_
2. Does your child have any allergies other than food? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please indicate to what and the procedure, medication, etc. followed at home \_\_\_\_\_
3. Is your child taking any medication **not** for allergies that will be needed at camp?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate type, dosage, and reason. **(PLEASE PRINT CLEARLY)**

Medication	Dosage	Reason

4. Does your child wet his or her bed? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give specific information about frequency, precautions taken, etc. \_\_\_\_\_
5. Will your child be taking vitamins at camp? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does your child have orthodontia? Yes \_\_\_\_\_ No \_\_\_\_\_. Are there any specific procedures to be followed other than brushing teeth? \_\_\_\_\_

If a minor problem, i.e. loose wire/cement bracket occurs at camp – do you want our Orthodontist near camp to correct it. (please understand the orthodontist will charge a fee for the visit)

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does your child wear glasses\*\*? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child wear contact lenses\*\*?  
Yes \_\_\_\_\_ No \_\_\_\_\_ **\*\* If Yes, please send a second pair**

For what type of eye problem? (near-sighted, far-sighted, etc). \_\_\_\_\_

8. Does your child have a history of ear problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what precautions should be taken? \_\_\_\_\_

9. Has your child had any recent illness or injury that might affect his/her participation in camp activities?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

10. Please circle the number that best describes your child. For instance if your child is extremely dependent- you would circle a 1. If your child is extremely independent – you would circle a 5.

Dependent:	1	2	3	4	5	Independent
Follower	1	2	3	4	5	Leader
Shy:	1	2	3	4	5	Outgoing
Difficulty in new situations	1	2	3	4	5	Adapts easily
Hard time making friends	1	2	3	4	5	Makes friends easily
Poor listener	1	2	3	4	5	Good listener

CAMPER'S NAME \_\_\_\_\_

1 Is your child apprehensive about swimming? Yes \_\_\_\_\_ No \_\_\_\_\_  
Swimming ability: Beginner \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

2 Is this your child's first overnight camping experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, how many years experience at Kweebec? \_\_\_\_\_ At other overnight camps? \_\_\_\_\_  
How many years at day camp? \_\_\_\_\_ Please tell us about any concerns or expectations your child may feel or has expressed regarding Camp.


3. Are you apprehensive about your child's experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please tell us about any concerns **YOU** have.


4. Are there any other concerns you have which should be taken into consideration in grouping your child? (i.e. physical, social maturity, older than normal school grade, younger than normal school grade)


5. Are there any special family situations which may have recently affected your child's sense of security about which we should be aware – such as divorce, a death in the family, a new pet or losing a pet, etc.  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide more information so we are prepared to deal with your child's feelings.


CAMPER'S NAME \_\_\_\_\_

1. Camper's T-shirt size (please circle)      Adult:      S                      M                      L                      XL

2. May we put your child on a top bunk? (Junior Camp Only)      YES \_\_\_\_\_ NO \_\_\_\_\_

**Please use the space below to add any other pertinent information if necessary that you feel will be helpful to us concerning your child's camping experience this summer. Thank you!**