

"All about My Camper"

Directions: To be completed by camper's **parent/guardian**, the information provided is vital to the staff and directors to help us insure a good experience for your camper this summer. Please be as thorough and legible as possible. Return or mail to the Hill Center Family Y or scan to overnight-camp@ymaryland.org by June 1.

My Camper's name is _____

My Camper is...most happy when _____

least happy when _____

enthusiastic about _____

not fond of _____

Please list any responsibilities your camper has at home (chores, walk dog, etc):

On a scale from 1 (not at all) to 5 (extremely), please rate your child's responsibility level:

Hygiene (brushing teeth, washing, etc.) 1 2 3 4 5

Taking care of personal belongings 1 2 3 4 5

Completing chores with little prompting 1 2 3 4 5

How does your child get along with peers? _____

Does your camper experience any type of night time issues or any specific fears (i.e. night terrors, bed wetting, fear of dark, sleep walker, ghost stories, thunder)?

What are the most effective ways to comfort your child _____

Please list any special dietary needs:

I want my child to go to camp because: _____

While at camp, I hope that: _____

My camper received their last well health exam on (date)_____. This exam was conducted by
(Doctor's Name)_____ (Number)_____

I have read through my camper's "All about Me" form and agree with his/her assessment.

Parent's Name (Print)

Parent's Signature

Date

Parents should attach additional information or directions as necessary.