

PARENT/COUNSELOR CONFIDENTIAL FORM



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Instructions -- This form is designed to improve communication between Camp and the families we serve. Please take time now to complete SECTION "A" and return prior to your child's arrival at camp. Following your child's time at camp, this form will be returned to you with information completed by your child's counselor.

SECTION A

Camper's name _____ Nickname _____

Sex: (circle) M F Dates in Camp: from _____ until _____

Circle all that apply: Camp Peanut Shell Pioneer Trails Day Camp Super Summer Teen Adventure

Age _____ School grade in Fall _____ Home phone _____ With whom does child live? _____

Has child been to camp before? _____ What does he/she like to do best? _____

Special talents or abilities: _____

If there is some activity your child wants particularly to do at Camp, please name it: _____

How does your child get along with others of the same age? _____

Does your child have any serious fears? If so, please tell us about them: _____

Are there any problems which may confront your child while at Camp? i.e., homesickness, anxiety, moodiness, allergies, etc:

Please list two objectives you have for your child at West Essex YMCA Camps, in order of importance:

1. _____

2. _____

Are there any events that have occurred in your child's life over the past 12 months that camp should be aware of (i.e. death in family, suspension, seeing a counselor)?

Please indicate health, behavioral, or dietary problems staff should be aware of: _____

Date _____ Parent's Signature _____

PLEASE COMPLETE AND RETURN PARENT/COUNSELOR CONFIDENTIAL FORM BEFORE THEY ARRIVE.