

YMCA Camp Pinewood Camper Information

Camper Name: _____ **Session:** _____

In order to be most helpful to your child in his/her adjustment to camp life and be able to direct his/her growth and development, we are asking for the following information. This information is shared with your camper's counselors and the administrative staff and will be used in their best interest.

Name Camper Likes to be called: _____

Grade in fall: _____ School: _____

Number/Age of Brothers: _____ Sisters: _____

Child lives with: (circle one) Mother Only Father Only Both Guardian-Specify: _____

Has the camper been away from home before? _____ For how long? _____

Number of summers your camper has attended Pinewood: _____ Attended other camps? _____

Does your child wet the bed at night? _____ Does your child sleep walk? _____

If so, should your child be awakened during the night? _____

Does your child have any allergies? (Specify) _____

Does your child take prescription medications? _____ Comments: _____

If so, when? AM Breakfast Lunch Dinner PM Bedtime

Does your child have asthma? _____ Do they keep their inhaler with them? _____

Are there any other medical needs we should be aware of? _____

Are there any serious fears that your camper may have? (Specify)

Describe the camper's social skills with his/her peers at school. Does the camper make friends easily?

If your child "shuts down" at home, what are some techniques you use to help them open back up? _____

When a change of behavior is needed, what works best for you at home? (i.e. time out, activity restriction, etc.)

Swimming Ability: (Circle one) Non-Swimmer Fair Swimmer Good Swimmer

Does the camper have a fear of water? Yes No

Concerns: _____

Camper's major interests, hobbies and/or school activities:

Are there any camp activities in which you do not wish your child to participate?

Please complete with your child.

What are the top three (3) expectations your child has for his/her session at Camp Pinewood this summer?

- (1) _____
- (2) _____
- (3) _____

Please list three (3) goals you have for your child at Camp Pinewood:

- (1) _____

- (2) _____

- (3) _____

Parent Letter (Optional - please attach)

Parents are requested to write a brief description of their child highlighting their personality and other information that would help the counselor in fulfilling his or her duties.

Camper Letter (Optional, Yet Strongly Encouraged - please attach)

Each camper is asked to write a note to his or her counselor before camp begins. In this way, our staff can read a little about his/her campers. Our counselors can then tailor the group activities and discussions and know more about each camper in his or her cabin group. Returning campers should be encouraged to complete this letter with some specific things they would like to do at camp this year including interests and experiences they hope to gain this summer. (i.e. which trips to go on, what Rag they want to get, etc.)

Please complete and fax or e-mail this form in 30 days prior to the session your child is attending.

You may fax it to (231) 821-0487, or e-mail to brankin@ymcachgo.org