



About My Camper

Name of Camp attending: _____

Camper's Name: _____ Program Name: _____

Camper's Age: _____ Grade: _____ Session Date: _____

Returning Camper? Yes ___ No ___ Guardian Phone Contact: _____

Guardian Email _____

Dear Parent /Guardian:

We want to be able to respond well to the needs of all of our campers this summer. In order to do this, we ask that you please take a moment to share information within your realm of comfort, about your child This will help us prepare for your child so that she may have a safe, exciting, time where she will feels safe and cared for. Thank you!

Sleep Habits:

Typical wake- up time: _____ Typical bedtime: _____ Wakes easily? Yes ___ No ___

Sleepwalks? Yes ___ No ___ Talks in sleep? Yes ___ No ___ First Time Camper? ___

Bedwetting? Yes ___ No ___

If yes to any, frequency or in what situations? _____

Has your child ever been away from home? If yes, for how long and in what setting? _____

Any other helpful information? _____

Food Habits:

Vegetarian? Yes ___ Vegan? _____ Ovo-lacto? _____ Religious? _____ No ___

Other Dietary Restrictions? Wheat? Dairy? Gluten? Religious? Other?

Details to help us: _____

Self Care:

Wearing clean clothes Does on own ___ Needs reminding ___

Washing hair Does on own ___ Needs reminding ___

Brushing teeth _____ Does on own ____ Needs reminding ____

Any other helpful information? _____

Fears (check if yes):

Thunder ____ Dark ____ Being alone ____

Animals ____ Water ____ Other _____

Health/emotional issues or learning disabilities: _____

What unique qualities or abilities will your child contribute to the camp community? What do you particularly wish your child to gain from her stay at Camp? _____

What activities does your child especially enjoy participating in? _____

Any recent changes in your family that may affect your child's behavior at camp (marriage, divorce, birth, death, move, etc): _____

How does she relate with children her own age? _____

How does she relate with children younger/older than she is? _____

How does she relate with adults? _____

Does she have any siblings? What is her position in the family? _____

How does your child approach "something new"? _____

What creates stress for your child? How does she deal with stress? _____

Please share any other information you feel is important for us to know about your child:

Guardian Signature: _____ Date: _____

Please return this form to the North Haven Office, 20 Washington Avenue, North Haven, CT 06497 by June 15, 2009.