

PARENT / CAMPER INFORMATION

THIS FORM MUST BE FILLED OUT AND IN OUR HANDS 3 WEEKS BEFORE CAMPER ARRIVES.
CAMP CHATEAUGAY, P.O. BOX 202 ROXBURY, CT 06783

Camper Name _____ Birth Date _____ Present Grade _____

Mother's Name _____ Fathers Name _____

Occupation _____ Occupation _____

Address _____ Address _____

Phone:(home) _____ (work) _____ Phone:(home) _____ (work) _____

A good camping experience has many educational and psychological values. We ask that campers and parents share with our staff some of their specific goals for this summer. In addition we ask that parents give us some background information about each camper so that we may understand and work with them effectively. It is IMPORTANT to us that you take the time to fill this form out carefully and completely. Thank you.

CAMPER THOUGHTS... (Campers please share your thoughts on the following questions):
What are you looking forward to most at Camp Chateaugay this summer?

What specific things do you want to work on, or hope to accomplish at camp this summer?

PARENT THOUGHTS ... (Parents, please share your thoughts on the following question): What skills would you like the camp staff to help your child strengthen at camp this summer?

Are there activities in which you would like to assure your child's participation?

In what ways do you think we can best help your child grow and develop during camp this summer?

To what extent is the camper accustomed to being away from home and parents?

Is camper enthusiastic about attending camp? Yes _____ No _____ Has camper had a happy or unhappy experience at camp?

When, where, what camp? _____

Either parent deceased? _____ Which? _____ Date: _____ Age of sister(s) _____ Age of brother(s) _____
Parents separated or divorced? _____ Date: _____ Camper lives with: _____
Has camper a marked fear of: The dark? _____ Animals? _____ Thunderstorms? _____ Being alone? _____

Comments:

Is camper troubled with bed-wetting? _____ How often (be exact)? _____

Any known allergies: _____

Please list any current medical condition, as well as present treatment or medications that the camper takes:

The medical information above must be duplicated on the green medical form.

Has your camper had professional counseling during the past year? _____ If so, please share with us any particulars that may help us better serve your child. We welcome separate written suggestions or comments from your child's counselor on how we might assist. _____

For each category below, please place a check-mark to indicate your general feelings about child's personality. Your honest and objective indications will help our staff to understand your child.

	Often	Sometimes	Seldom
Shy, timid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A leader among friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follower of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic/Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative/Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In addition, please share with us if your child is dealing with any special life issues such as divorce, a recent death, peer or school pressures or a learning disability.

Please tell us about your child's personality, especially in terms of how your child functions in a group situation and how he/she gets along with peers and adults.

DATE _____

SIGNATURE (PARENT) _____

Please include a small photo of your child when you return your forms.