



PARENT/COUNSELOR CONFIDENTIAL FORM

We build strong kids, strong families, strong communities.

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 stay, this form will be returned to you with SECTION "B" completed by your child's Counselor. We would then ask you to complete SECTION "C" and return it to us so that we may have your evaluation.

SECTION A

Camper's name _____ Nickname _____

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

Circle all that apply: Traditional: Kittatinny (boys) or Laurel Ridge (girls) 5th-10th grade Minisink Village (coed) 1st-4th grade

Rookies Sailing/windsurfing Tennis Creative Arts Trails & Tails Arts & Hearts Ranch ETC

Birthday _____ Age _____ School grade in Fall _____ Home phone _____

With whom does child live? _____ Has child been away from home before? _____

What does he/she like to do best? _____

Special talents or abilities: _____ Hobbies and/or special interests: _____

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, bedwetting, sleepwalking, anxiety, moodiness, allergies, etc.: _____

Please list three objectives you have for your child at Fairview Lake YMCA Camps, in order of importance:

1. _____
2. _____
3. _____

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

Date _____ Parent's Signature _____

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