

# Cabin:

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YMCA Camp Duncan Resident Camp Parent Packet **PLEASE BRING THIS FORM TO CHECK-IN**

## WELCOME TO YMCA CAMP DUNCAN Camper Confidential Form

(To be completed by camper's parent/guardian)

Please help us assist your child with their camp experience by letting us know a little bit about them before they arrive. This information helps us understand their unique needs and personality. All of the information you provide here is for your child's counselor and will be held in confidence. Some of the information is repeated from the Health History, but your child's counselor only has access to this form.

Camper's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender:  MALE  FEMALE Well-Liked Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age at Camp: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_ Returning Camper:  YES  NO How many years? \_\_\_\_\_

How does your child feel about attending camp? \_\_\_\_\_

Does your child have any problems with homesickness/transitions? \_\_\_ Yes \_\_\_ No Please explain

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Are parents divorced or separated?  NO  YES With whom does the camper live? \_\_\_\_\_

Names and ages of brothers: \_\_\_\_\_

Names and ages of sisters: \_\_\_\_\_

Has he/she ever been away from home before without his/her parents?  NO  YES For how long? \_\_\_\_\_

Comments: \_\_\_\_\_

My child makes friends:  EASILY  FAIRLY EASILY  HAS DIFFICULTY

Comments: \_\_\_\_\_

IS YOUR CHILD:  A slow dresser  A slow eater  Afraid of water, darkness, etc? \_\_\_\_\_

Sensitive about name, weight, height, etc? \_\_\_\_\_

Allergic to or have strong dislikes for certain foods? \_\_\_\_\_

Subject to:  Bed Wetting  Sleepwalking  Constipation  Nightmares  Fainting  Tiring Easily  
 Asthma  Nervousness  others please list

Comments: \_\_\_\_\_

**Note:** *Bedwetting is not a serious problem if handled properly- we can best serve your child if we now about it. If your child is likely to wet the bed, send more than 1 sheet and/or blanket. This will allow us to make the bedding change discreetly. It is better to send sheets and blankets as we can not launder sleeping bags in our machines. By working together, this will not be a problem for your child at camp.*

Please give details on your child's health that the counselor should know, including allergies and dietary or activity restrictions: \_\_\_\_\_

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Have there been any recent traumatic experiences of which the counselor/Camp Director should be aware of?

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Does your child require any special accommodations? Physical? Behavioral? (Camp Duncan is not able to provide one-to-one attended care. Campers must be able to live and operate in a cabin with at least 10 other children and 1 counselor. Please contact the Camp Director if you have any questions or concerns).

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What responsibilities does your child have at home? \_\_\_\_\_

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What advice can you offer staff on working with your child, such as fears, etc? \_\_\_\_\_

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What are some expectations you would have of your child's counselor(s)? \_\_\_\_\_

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What do hope your child gains from their camp experience? \_\_\_\_\_

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Child's Favorites: Foods: \_\_\_\_\_ Animals: \_\_\_\_\_

Colors: \_\_\_\_\_ Books: \_\_\_\_\_

Please list any other information you feel will help us better serve your child, and to make their camp experience the highlight of their summer. \_\_\_\_\_

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**Parent/Guardian's Signature** \_\_\_\_\_

**Parent/Guardian's Printed Name:** \_\_\_\_\_