



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

### **Camp Y-Owasco Camper Confidential**

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender  Male  Female Age at camp: \_\_\_\_\_ Grade 2017-2018 school year: \_\_\_\_\_

Describe your child (i.e. disposition, special interests, strengths, weaknesses): \_\_\_\_\_

Makes friends:  Easily  Fairly Easily  With difficulty

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

Personality Traits: Please check the characteristics below that describe your child

- |   |                                   |                                  |  |                                |
|---|-----------------------------------|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Tense          | <input type="checkbox"/> Shy      | <input type="checkbox"/> Helpful | <input type="checkbox"/> Happy         | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Selfish        | <input type="checkbox"/> Follower | <input type="checkbox"/> Leader  | <input type="checkbox"/> Easy going    |                                |
| <input type="checkbox"/> easily excited | <input type="checkbox"/> Nervous  | <input type="checkbox"/> Moody   | <input type="checkbox"/> Quick learner |                                |

Has your child been away from home for more than 2 days?  Yes  No

How long? \_\_\_\_\_ Has your child ever been to camp before?  Yes  No

Where? \_\_\_\_\_ What years? \_\_\_\_\_

How was the experience? \_\_\_\_\_

Do you feel your child is likely to get homesick?  Yes  No

Please list all siblings attending camp: \_\_\_\_\_

Describe your child's eating habits \_\_\_\_\_

Does s/he have any strong dislikes for certain foods? Which ones? \_\_\_\_\_

Has your child ever been treated or hospitalized for an eating disorder?  Yes  No

Explain \_\_\_\_\_

How would you best describe your child's sleeping habits?

- Normal  Light  Sleepwalker  Sleep talker  Nightmares

Has your child wet the bed or had a wetting or bowel accident in the last 12 months?  Yes  No

Explain: \_\_\_\_\_

Have there been any recent losses/changes (i.e. a move, friend moving away, pet dying, parent's job changing)?  Yes  No

Explain: \_\_\_\_\_

What activities does the child most like? \_\_\_\_\_

What kind of books does the child like to read? \_\_\_\_\_

Does your child have any illness/physical, or learning disabilities that may affect your child's stay?

Yes No

Explain: \_\_\_\_\_

Does your child have any allergies? (please be sure to list these same allergies on the Health Form)

Has your child been seen by a therapist? Yes No Reason for treatment or therapy:

Has your child been on any prescription medication influencing behavior or mood? Yes No

Explain: \_\_\_\_\_

Please list all possible side effects of medication that your child is on: \_\_\_\_\_

How does your child respond to suggestions/criticism? \_\_\_\_\_

What methods work to motivate your child? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Please list all hobbies or interests that your child has \_\_\_\_\_

What goals do you have for your child at camp? \_\_\_\_\_

What goals does your child have for his or her time at camp? \_\_\_\_\_

What other specific information would be helpful for the counselor to know about your child:

**AUBURN YMCA-WEIU- CAMP Y-OWASCO**

**June-August: 4187 Sam Adams Lane, Auburn, NY 13021 • 315.784.5481**

**September- May: 27 William ST, Auburn, NY 13021 • P 315.253.5304 • F 315.253.6153•**

**www.y-owasco.org www.auburnymca.org Camp Y-Owasco is a program of the Auburn YMCA**