

CAMPER HISTORY FORM

Dear Parents/Guardians: At Camp Y-Owasco, we promise to protect and guide your child physically, mentally, socially, and emotionally. To help us in this effort, we ask you to please fill out this form. These forms are seen ONLY by camp personnel who may need to know the information in order to best facilitate your child's camp experience (Camp Director, Program Director, your child's counselors, possibly the Camp Medical Director, etc). **The first side of this form should be filled out by the parent/guardian only, and the second side should be filled out by the parent/guardian AND the child together.** Thanks for helping us get to know your child better!

PLEASE TURN THIS FORM IN BY THE TIME THE CAMPER ARRIVES AT CAMP!

Camper's name: _____ Camper's Nickname: _____

Age at camp: _____ Date of Birth: _____ Camper is entering _____ grade in the fall.

Hometown: _____ This is camper's _____ year at camp.

School Name: _____

Camp Y-Owasco places campers in tribes with peers similar in age. We do not accept cabin mate requests except for FIRST YEAR campers ONLY. If this is your child's FIRST YEAR at camp, is there another camper you would like him/her placed with? _____

Has the camper ever been away from home more than 2 days? (Please circle) YES NO

Has the camper ever slept overnight at camp before? (Please circle) YES NO

What fears does the camper have? (Please circle)

The Dark Heights Deep Water Embarrassment Monsters
Bugs/Spiders Snakes Thunderstorms Failure Social Isolation

Other: _____

Generally, the child's disposition is: (Please circle)

Happy Energetic Pleasant Moody Anxious Angry Easily Upset Sad

The camper makes friends: (Please circle) Very Easily Somewhat easily With Difficulty

How does the child feel about going to camp? (Please circle)

Very Excited Excited Confident Anxious Very Nervous

What goals do you want your child to attain at camp? _____

What goal(s) does THE CHILD have for his/her time at camp? _____

Are there any concerns that should be brought to the attention of the staff? _____

CAMPER HISTORY FORM CONTINUED

The parent/guardian and child should complete this side TOGETHER. Thanks for helping us get to know your child better!

What activities does the child most like to do? _____

What is the child's favorite subject in school? _____

What hobbies/interests does the child have? (Can include hobbies or TV shows, movies, books, etc)

What kind of stories does the child enjoy? _____

Is there anything that the child *REEEAALLY* wants to do while at camp?? _____

Camper Letter to Counselors: The rest of the space on this sheet is for **the camper** to write a letter **in his/her own words** to his/her counselors! (Parents of younger children—you are more than welcome to help your child write!)

Campers: Tell your counselors about what you really like, your school, what you are excited about, what you're nervous about, something you really wish your counselors would do, or anything else you want to tell your counselors! Feel free to attach extra paper if you need to.

Dear Counselors, _____
