

Camp Omega

Summer Camper Information Sheet (optional)



Thank you for sharing information that will help us understand and care for your child. Please return, along with required health form, at least 7 days prior to the start of your camp session.

Child's Last Name _____ First Name: _____ Nickname _____

Camp Program(s): _____ Date: _____

Information provided by: _____ Relation: _____

How many children are in your family? _____ Is this child: oldest middle youngest no siblings

In what ways does your child react to siblings? _____

Your child's grades in school are: high average low Reading ability? _____

What form of discipline works best with your child if he/she misbehaves? _____

Is your child a: morning person night person Has your child been away from home overnight? Yes No

Is camper troubled with enuresis (bed wetting)? Yes No What do you recommend? _____

What are your child's hobbies _____

What fears does your child have? _____

His/her response (homesick, fear, etc.)? _____

Does the camper know how to swim? Yes No Is the camper afraid of water? Yes No

Child's Bible knowledge is: Good Fair None Does your child attend: Sunday School Church Other

In what ways do you think camp will have the best effect on your child? _____

Please give a brief biographical sketch of your child. This may include personality, school history, and family make-up. This information will be helpful for the counselor in getting to know your child. _____

Have there been any significant life changes within the last year or situations that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? _____

Continue on other side if necessary.

Signature of Parent/Guardian _____ Date _____