

Camp Omega

# Summer Camper Information Sheet



*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 \_\_\_\_\_