

Camper Name: _____ SESSION ATTENDING: _____
Last First Middle



Saginaw YMCA Camp Timbers CAMPER HISTORY and CONFIDENTIAL FORM

The information on this form will be used by the camp administration and your camper's counselor, to help ensure the best possible camping experience for your camper. Please answer ALL questions as completely as possible, keeping in mind that the information you share will be used in strict confidence. Camper history and confidential information is shared only with those staff who will be working directly with this individual. This completed form is retained by the YMCA of Saginaw along with the *Camp Registration Form, Health History and Examination Form*, all health records, employment records, etc.

-PLEASE PRINT-

Age _____ Sex _____ Birth Date _____

Home Address _____
Street City State Zip

By what name does your child prefer to be called? _____ Phone _____

Father's Name _____ Employer _____ Phone _____

Mother's Name _____ Employer _____ Phone _____

Are mother/father: Separated Divorced Deceased _____
If deceased – which parent(s)

Child Lives With: Both Parents Mother Father Other: _____

List Name(s) and ages of children living in family: _____

Have any significant events occurred in your family within the last few years? _____

Does child have any medical problems? Yes No If yes, explain: _____

Describe any health conditions (Allergies, Asthmatic, etc.): _____

Describe any eating or dietary restrictions/problems: _____

Does child need "Toilet – Night Call?" Yes No Is Child a "Bedwetter?" Yes No

Number of hours sleep child normally gets: _____ Does child have other night time problems, such as sleepwalking, nightmares, etc.? If so, explain: _____

Has child ever had professional counseling? Yes No If yes, explain: _____

Describe any therapist recommendations that might help child adjust at camp: _____

How many friends does child normally associate with? None Few Many

Are these friends mostly: Younger Same Age Older Adults

Does your child make friends easily? _____

Is your child in his/her appropriate grade based on age? _____

Does your child enjoy school? Yes No

Most favorite school subject(s): _____

List hobbies and other interests including clubs/organizations: _____

Who encouraged your child to attend camp? _____

Has your child been separated from parents? Yes No Longest Period? _____

Has child been to an overnight camp before? Yes No

Has child had problems with homesickness? Yes No Some

Child is looking forward to camp with: Enthusiasm Acceptance Caution Anxiety

Does your child have any fears? _____

Has child ever been to Camp Timbers? Yes No If yes, for how many years? _____

What would you as a parent/guardian like to see the child gain from camp experience? _____

Do you have anything to discuss with the camp director prior to camp? _____

If your child expresses interest in extending his/her stay, would you like to be notified by the camp director? Yes No

Note: Please attach separate page for any additional information that might be helpful.

Parent or Guardian Signature _____ Date _____

PLEASE INDICATE FULL NAME OF YOUR CHILD'S BUNKMATE/CAMP BUDDY PREFERENCE, IF ANY: _____

(No more than two choices please. The children must be entering the same grade as of September.)

All Camper forms can be used for 2 consecutive Camp Timbers seasons, subject to annual updating.