

CSC Confidential Information

2010

Camper's name _____

Name used _____ Birth Date _____

Father _____ Mother _____

Married _____ Divorced _____ Separated _____ Single _____

Parent's occupation(s) _____

Parent Email _____

Names & ages of siblings _____

Camper's address _____

City/State/Zip _____

School _____ Current Grade _____

District _____

Religious Preference _____

Please attach
camper's
photo here

Please answer the questions as they pertain to your child:

Chores/duties at home _____

Favorite hobbies/interests _____

Special activities/clubs _____

How does your camper relate to school? _____

Favorite subjects _____

Least favorite _____

How well does your camper plan his/her own time? _____

Does he/she make friends easily? _____

Does he/she have many or few close friends? _____

Is he/she generally a leader or a follower? _____

How easy is he/she to motivate? _____

Does he/she have any marked fears? _____

Please describe his/her appetite _____

Favorite foods? _____

Foods to avoid/allergies? _____

(please explain any allergies or special dietary needs on green health form)

(over)

Please describe most effective discipline: _____

Does he/she have any additional physical, emotional or behavioral considerations? If so, what? _____

How does your camper compare to others in his or her grade regarding the following?

	1 less mature	2	3 similar	4	5 more mature	Notes
Maturity						
--Physical (size)						
--Emotional						
--Social						

Has he/she ever received counseling? If so, please explain. _____

Has your child or family dealt with any significant issues, positive or negative, in the past year that may be of concern to us or his/her counselor? _____

What skills or personality traits would you like to see strengthened at camp? _____

Are there any activities that you do not wish your child to participate in or that he/she does not wish to participate in? _____

Is he/she eager to attend camp? _____

Do you anticipate homesickness? _____

Has he/she ever been to camp before? _____

If yes, camp attended & length of stay? _____

Have other family members (including parents) attended or worked at a summer camp? _____

Why did you choose Colvig Silver Camps? _____

Cabin-mate request(s): _____

(Please be aware that we cannot fill all requests. If you have any special concerns, please call the office.)

Please attach a separate sheet to add anything else you feel is pertinent or could help us understand your child better.

Parent's Signature

Date