



Parent/Camper Confidential Information Form

We are committed to providing the best possible experience for your child. By helping us to understand your child, this form will enable our staff to positively deal with their behaviors and reactions. Please be honest and thorough in answering the questions. This information will remain completely confidential. Please return this form three (3) weeks before your camp session.

Camper Name: _____ Session #: _____

1. Has your child been to camp before? Yes No
What kind of camp? Day Overnight When was the camp? _____
2. How would you describe your child's general personality? _____

3. What are your child's favorite activities? _____

4. Has your child spent the night away from you and home? Were there feelings of homesickness? _____

5. How does your child adjust to new situations? How can we help? _____

6. Is your child particularly sensitive to anything? How can we help? _____

7. Does your child have a history of any of the following within the past three years:
 Bedwetting Sleepwalking Violent Behavior
 Nightmares Hyperactivity Emotional Issues
Please explain: _____
8. Is there a recent event or strong fear that might cause your child to be afraid or unhappy at camp (i.e. divorce, death, fear of thunderstorms, etc)? _____

9. Are there any custody issues, court orders, or non-visitation agreements concerning your child? _____

10. How does your child feel about coming to camp? Are there any fears or anxieties? _____

11. What do you want your child to accomplish at camp? What are your goals? _____

12. What is your child looking forward to doing at camp? _____

13. Is there anything else that our staff should know about your child? _____

If your child is attending Special Needs Day Camp or Special Needs Overnight Camp, please continue on the other side.

Special Needs Camper Information

All camp personnel working with campers with special needs have received instruction in behavioral management techniques from the Butler County Board of MRDD. It is essential that you provide us with complete information regarding your child's behavior and any challenges that he/she may exhibit. The Butler County Board of MRDD will provide behavioral management consultation and support to the camp personnel should behavioral challenges arise.

1. Age: _____ School Grade: _____ Height: _____ Weight: _____
2. What activities does your child find calming? _____

3. What activities/situations frustrate or upset your camper? _____

4. If your child becomes upset, what can we do to help? _____

5. If your child becomes upset, is there anything that we SHOULD NOT do? _____

6. What is the best advice you can give us to prevent challenges from occurring? _____

7. Does your child use any adaptive equipment that they will bring to camp? Yes No
If yes, please describe: _____

8. Please describe the level of ability of your child in each area below:
 - a. Eating: _____
 - b. Toileting: _____
 - c. Dressing/Undressing: _____
 - d. Personal Hygiene/Care: _____
 - e. Traveling from one place to another: _____
9. Please check all statements that apply to your child:

<input type="checkbox"/> Uses some signs	<input type="checkbox"/> Uses sentences
<input type="checkbox"/> Uses some words	<input type="checkbox"/> Generally talks in sentence
<input type="checkbox"/> Uses signs and words	
10. Additional Comments: _____

WE LOOK FORWARD TO SEEING YOU AND YOUR CHILD AT CAMP!