

Welcome to Camp Sloane YMCA! We are excited to have you at camp this summer season. Please take a few minutes to fill out this form to help us better understand your child and help them get the most out of this summer! This form is NOT a requirement for your child to attend camp, but we do encourage you complete this form in our effort to better serve you and your child.

## CAMP SLOANE YMCA INFORMATION FORM

**Return this form prior to the start of your camper's session** so that our program staff supervising your camper may review it. Feel free to attach additional thoughts, concerns or comments. Return this form to:

Camp Sloane YMCA  
124 Indian Mt. Rd.  
Lakeville, CT 06039  
Phone (860)435-2557  
Fax: (860)435-2599  
[registrar@campsloane.org](mailto:registrar@campsloane.org)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

School grade this spring \_\_\_\_\_ Camp Session: \_\_\_\_\_ Returning camper? \_\_\_\_\_ years? \_\_\_\_\_

1) Are parents separated or divorced? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

2) Is either parent deceased? \_\_\_\_\_ With whom does the child live? \_\_\_\_\_

3) Name of brothers or sisters and ages: \_\_\_\_\_

4) Has your child been away from home before? \_\_\_\_\_

5) Does your child have a tendency for: Headaches \_\_\_\_\_ Earaches \_\_\_\_\_ Bed wetting \_\_\_\_\_ Sleep walking \_\_\_\_\_  
Hyper Activity \_\_\_\_\_ Other (Specify) \_\_\_\_\_

6) Any Allergies (Specify)? \_\_\_\_\_

7) Any known fears? \_\_\_\_\_

8) Serious illnesses, accidents, emotional trauma, etc., and at what age: \_\_\_\_\_

9) Taking prescribed medication now? \_\_\_\_\_ This past school year? \_\_\_\_\_ If so what for? \_\_\_\_\_

10) Does your child have special dietary or nutritional needs? \_\_\_\_\_

11) Personality characteristics helpful to be aware of? \_\_\_\_\_

12) How does your child like to spend their time? \_\_\_\_\_

13) With whom does your child spend their free time?\_\_\_\_\_

14) How does your child relate to adults other than parents:\_\_\_\_\_

\_\_\_\_\_

15) How does *your child* feel about attending camp this summer?\_\_\_\_\_

\_\_\_\_\_

16) How do *you* feel about your child attending camp this summer and what are your expectations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17) Which activities do you especially wish your child to engage in at camp?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, you authorize Camp Sloane YMCA to share this information with Camp Sloane YMCA program staff that will be working and living with your child this summer.

Signature: \_\_\_\_\_

Date:\_\_\_\_\_