

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

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: _____