



2010 PERSONAL INFORMATION FORM

**TO BE COMPLETED BY A PARENT/GUARDIAN (not by the camper).
PLEASE RETURN THIS FORM NO LATER THAN MAY 15!**

One form required for each camper.

Thank you for sending this back at your earliest convenience.

The purpose of this form is to help us meet the individual needs of each camper. The information you provide can be invaluable as we help your child make a smooth and happy adjustment to camp. It will be used at camp with the greatest discretion by the Camp Director, supervisory staff and counseling staff who will work with your child. Our commitment is never to misuse the information provided.

We care about each child entrusted to our care, and want to do what is best for him or her. Very often having prior knowledge about such things as learning difficulties, socialization concerns, bedwetting problems, or major changes in the family's or the child's life -- can help us be more sensitive to your child's needs so that we can help them be at their best. A bit of this information will seem redundant, as some of the questions were also on the Health History form, which supervisory staff and counselors do not read.

If you have any special concerns about this information or about your child, please feel free to call us. As a team, we can better assure your child of a successful experience at camp!

RETURN BY MAY 15
(earlier, if possible)
Campus Kids Minisink
P.O. Box 224, Bethel, CT 06801
888-621-2267

CAMPER'S NAME & ADDRESS

First: _____ Last: _____

Nickname: _____ Date of Birth: _____ Grade in 9/10: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Phone: () _____

1. Who lives with your child?

Adults:
(name & relationship to camper) _____

Other children:
(name, relationship & age) _____

2. Are there other people (adults or children) whom your child is close to and is likely to miss while at camp? _____

3. Are parents separated or divorced? _____
If so, how is child's time divided with each? _____

4. Is either parent away for long periods of time? _____

5. Is there any serious illness in the family? _____

6. Has there been a recent death in the family? _____
If so, who, and how has your child reacted? _____

7. Does your child wet the bed? _____ If so, how often, how is this handled at home, and what suggestions do you have for camp? _____

8. Is this your child's first overnight camping experience? _____ If so, do you have any specific concerns? _____

9. What specific suggestions do you have to make your child's transition to Campus Kids a good one? _____

10. What expectations do you have for your child's stay with us? _____

11. Does your child have a bunkmate request? _____ If so, who? _____

Have you checked to see if this is a "mutual request"? _____

(You might have already provided this information on the enrollment form. Please confirm requests here.)

12. Please describe any food allergies your child has: _____

13. Please describe any other dietary restrictions or special instructions regarding food: _____

14. Describe any non-food allergies your child has: _____

15. Does your child have orthodontia? _____ Are there specific procedures to be followed other than brushing teeth? _____
16. Does your child wear glasses? _____ Contact lenses? _____
Any special procedures to be followed? _____
17. Briefly describe your child's personality: _____

18. Describe any special fears your child has (e.g., darkness, animals, competition, etc.): _____

19. Does your child have any learning difficulties that we should be aware of? _____

20. Does your child have any other special needs (e.g., physical, emotional) that we should be aware of?

21. Has your child exhibited any signs of eating disorders or discomfort with food that we should be aware of while supporting a positive camp experience for your child? _____

22. Your camper completes a "Camper Choice Survey" so we know what he/she wants to do at camp. Are there activities that you particularly hope he/she will try?

23. Does your child have skill development goals in any program activity? _____

24. Your child's swimming ability: _____Beginner _____Average _____Advanced

If your child has a Red Cross swim card, what level is it? _____

Do you have any particular suggestions/concerns regarding your child's swimming experience at camp?

25. Campers have the opportunity to call home up to two times a week. What have you discussed with your camper regarding phone calls home? (Phone calls are generally made between 8PM and 10PM, depending on age.) Please see Parent Handbook for ideas on "missing home" calls.

_____ once a week _____ two times a week _____ no calls, please.

Please know, that many campers choose not to call home on every call night, if this is not OK, please indicate here. _____

We recommend that campers use a pre-paid calling card or a toll free number. You will be notified by the camp office of the nights that have been assigned to your child's bunk.

26. Is there any other information that you would like to share with us? (*You may attach additional paper.*)

27. What size t-shirt should we order for your child? Youth __ S __ M __ L

Adult __ S __ M __ L __ XL

Name of Parent/Guardian completing this form: _____

Relationship to Camper: _____

Signature: _____

Date: _____

Thank you for taking the time to complete this form!