

Camper Name _____

Tri-Cities Family YMCA - Day Camp Parent/Camper Personal History

In order to be most helpful to your child in his/her adjustment to camp life and to sympathetically understand and be able to direct his/her growth and development, we are asking for the following information. The information is shared with your child's counselors and the administrative staff and will be used in the best interest of your child.

Camper Information

Camper Name _____ **Nickname** _____

Grade in Fall _____ **School** _____

Child lives with: (circle one) Mother only Father Only Both Guardian

Has the camper been away to camp before? _____ Where? _____

Number of summers your child has attended Tri-Cities Family YMCA day camps _____

Are there any specific dietary needs or eating tendencies that we should watch for? _____

Are there any fears that the camper has? _____

At school, describe the camper's social skills with his/her peers. Does the camper make friends easily? _____

When a change in behavior is needed, what works best for you at home?: (Time out, activity restrictions, etc.) _____

Swimming Ability: (circle one) Non-Swimmer Fair Swimmer Good Swimmer

Does the camper have a fear of water? Yes No

Additional Information that may be helpful for the counselors: _____

