



Goldin Summer Day Camp - Camper Information | 2017

IMPORTANT: This is a two-sided document, please be sure to complete BOTH pages/sides.

Name _____ Birth date _____
First Middle Last

Nick Name: _____ School Grade in Fall: _____ Age on 1st day of camp: _____

1. We ask that all campers provide this information form.
2. The camp staff will hold this information as confidential and will only use it to better serve your child.
3. The information you provide will not determine or affect your child's registration in Camp.
4. This form is to be completed by the parents/guardians of the camper.

**Please mark the descriptions that best describe your camper in the following areas:
(Any and all that may apply.)**

Water/Swimming Experience

Camper: knows how to swim does not know how to swim would like to learn to swim
 is happy to play in shallow water only wears earplugs when swimming
 cannot go in water for medical reasons

Overnight Information (All CHB sessions AND Goldin Summer Day Camp overnight)

Camper may: become homesick wet the bed need help brushing hair &/or teeth
 need help with bathing/showering

If this child were to become homesick, what activities would you suggest to help him/her get involved in camp again? _____

Behaviors/Communication/Socialization

Camper can follow directions: Usually Sometimes Almost never
Camper could use help with: managing emotions staying on task managing aggression
 verbal communication (using words) showing respect for others

Does your camper tend to solve problems by: getting angry and/or using vulgar language
 shutting down and getting quiet creating conflict or fighting with others (verbally or physically)
 leaving or running away (from a group, school, home, etc.)

If none of the above indicates for your camper, how does your child tend to solve problems: _____

Camper may be uncomfortable with or frightened of: lightning/thunder the dark insects
 water other: _____

Camper has been diagnosed with: ADD ADHD EBD

Camper socializes with children: Well Average Has difficulty

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Please describe this camper's relationships with siblings and peers (especially those who might also be attending camp):

Camper socializes with adults: Well Average Has difficulty

Please describe this camper's relationships with adults (you, teachers, family friends, mentors, aunts/uncles, grandparents, etc.):

Camper has: run away from home vandalized or destroyed property tried to harm self
 deliberately injured another person or animal been physically aggressive with peers &/or adults

How does this child react in unfamiliar situations?

Have there been any recent changes in your family situation (divorce, separation, births, deaths, new school, etc.)? _____

Please describe any aspects of this camper's behavior that you are working on: _____

Please list some of this camper's strengths, favorite activities and special interests: _____

Please comment on this camper's previous experience at camp: _____

What would you like your child to get from this summer's camp experience? _____

X _____
Signature of parent /Guardian

Date