



Camp Helen Brachman - Camper Information | 2020

This form is to be completed by the parents/guardians of the camper. The information is used to ensure we provide an excellent experience for your camper. We want ALL campers to be successful at CHB! All information on this form is only shared with appropriate staff members (your camper's counselor, the health care staff, the camp director, etc.) Having information on your camper's reactions in certain situations or whether they've had a recent life-changing or stressful event, allows us to be sensitive to their needs.

Camper Name _____ Date of birth: _____

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

Please list some of your camper's strengths, favorite activities and special interests.

Has your camper ever been homesick? Yes No
If your camper became homesick at camp, what might our camp staff do to help with this?

We do a swim assessment with each camper at the beginning of the session. Each camper then has the opportunity and is expected/encouraged to participate in cabin group swim lessons (level appropriate) while at camp. **ALL swimming activities are supervised by a Waterfront Director and qualified lifeguards.** Please describe your camper's water and/or swimming experience. (Check all that may apply) Knows how to swim Does not know how to swim Would like to learn to swim
Cannot go in water for medical reasons Is fearful of water

Please tell us anything that might help provide a positive swim lesson and waterfront experience for your camper.

Is your camper able to take care of their own personal needs such as picking out clothing, hair care, showering on own, getting to sleep on own? Yes No if not, what kind of help will your camper need?

What is your camper most looking forward to at camp?

Is or has your camper been adopted, in foster or kinship care? Yes No if so, is there a case worker, social worker or crisis counselor we can contact for additional support if needed?

Has your camper experienced a recent loss, traumatic event or other stressful situation? Yes No
If yes, please explain and give any suggestions on how staff could be sensitive and supportive.

Does your camper have any fears or concerns about camp (insects, dark, storms, new place, etc.)?
Yes No If yes, how might camp staff help to manage, minimize or overcome these?

Does your camper wet the bed, talk or walk in their sleep or have any other issues we should be aware of while they are at camp? Yes No If yes, please list and give any tips that might be helpful in supporting them.

How does your camper tend to solve problems (talking about them, ignoring them, getting angry, swearing, fighting, shutting down, running away, etc.)? What works to help your camper solve challenges or problems positively? How do you help them to de-escalate if they're very upset/angry?

Has your camper been exposed to or had any issues with any of the following or similar things that we should be aware of for their time at camp (tobacco use, alcohol abuse, drug usage, skipping school, running away, vandalism, self harming, physical aggression towards others or animals, etc.)?
Yes No If yes, please list.

Please describe any aspects of your camper's behavior that you are working on and how we can support this at camp.

If we have questions or concerns about your camper while they're at camp, who is the best person to contact?

Name _____

Relationship to camper _____ Best time to contact _____

Phone number(s) _____

Return to: CHB Camp Registrar
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