

**CAMP TECUMSEH YMCA DAY CAMP CONFIDENTIAL INFORMATION from PARENT**

**CAMPER'S NAME** \_\_\_\_\_  
Last First

**Camp Dates (please circle each week of camp attending): 1 2 3 4 5 6 7**

**PARENTS:** We can work more effectively with your child at Day Camp this summer if we know as much about him/her as possible. Please help us by filling in the blanks on this form and returning it to camp **AT LEAST TWO WEEKS PRIOR to when your child will be attending Day Camp.** All information will be strictly confidential and used intelligently in the best interest of your child. This form will be given to your child's counselors to help them provide the best experience possible for your child. Thank you for your assistance!

*Please return this form with your child's HEALTH FORM directly to:  
Camp Tecumseh YMCA, 12635 West Tecumseh Bend Road, Brookston, IN 47923  
Phone: 765-564-2898 • Fax: 765-564-3210*

Well-liked nickname \_\_\_\_\_ Age while at camp \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Living with whom? \_\_\_\_\_

Legal Guardian/Parent name(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Other relatives living in the same house (# & ages): Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Church preference \_\_\_\_\_ Member? \_\_\_\_\_

Has your child attended Camp Tecumseh Day Camp previously? \_\_\_\_\_ How many years? \_\_\_\_\_

If your child was a Camp Tecumseh Day Camper previously, what were his/her favorite activities? \_\_\_\_\_

If your child was a Camp Tecumseh Day Camper previously, were there any activities that he/she did not get to participate in that he/she wishes they had? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

What in addition to the Health Record should Camp Tecumseh know about your child in order to serve your goals better? \_\_\_\_\_

Check the term that best describes camper's health so far:  Robust  Normally Healthy  Below Average  Sickly

Camper's Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Disabilities/Limitations? \_\_\_\_\_

What illness has the camper had recently? \_\_\_\_\_

Will the items noted above affect the camper taking part in camp activities? \_\_\_\_\_

Has your child experienced any recent life changes that may affect his/her time at camp? (i.e. recent move, death in the family, etc.) \_\_\_\_\_

Is camper on medication? \_\_\_\_\_

What are camper's major interests? (sports, hobbies, etc.) \_\_\_\_\_

What is camper's swimming ability? \_\_\_\_\_

What areas of your child's life would you hope to see developed by the camp experience? \_\_\_\_\_

**-continued on opposite side-**

**Last Name:**

**First Name:**

What do you consider his/her strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_

What responsibilities does camper have around home and in the community? \_\_\_\_\_  
\_\_\_\_\_

School work (if applicable):  Excellent  Average  Fair  Poor

Any special problems with classmates? \_\_\_\_\_

What social contact does camper have with others around his/her own age? \_\_\_\_\_  
\_\_\_\_\_

Makes friends:  Easily  Fairly Easily  With difficulty Comments: \_\_\_\_\_  
\_\_\_\_\_

Expresses feelings:  Easily  Fairly Easily  With difficulty Comments: \_\_\_\_\_  
\_\_\_\_\_

What serious fears does camper have? (Please name them.) \_\_\_\_\_  
\_\_\_\_\_

**Personality Traits** - Please circle the following characteristics you feel best describe your child:

- |             |              |           |                             |
|-------------|--------------|-----------|-----------------------------|
| Tense       | Shy          | Helpful   | Happy                       |
| Selfish     | Follower     | Leader    | Easy going                  |
| Cooperative | Nervous      | Moody     | Quick Learner               |
| Aggressive  | Antagonistic | Withdrawn | Needs extra time for: _____ |

What type of discipline works best for your child? \_\_\_\_\_  
\_\_\_\_\_

Any additional information that you feel will help us provide a positive experience for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)

Who else in your family has been a Tecumseh camper? (Father, Mother, sibling, etc.)	
Name:	When?
_____	_____
_____	_____

***Thank you for your assistance. We look forward to having your child at Day Camp this summer!***

