

# CAMP TECUMSEH YMCA CONFIDENTIAL INFORMATION from PARENT

CAMP DATES (List dates for each week) \_\_\_\_\_

**Parents:** We can work more effectively with your child at 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 us **AT LEAST 30 DAYS BEFORE YOUR CHILD LEAVES FOR CAMP**. All information will be strictly confidential and used intelligently in the best interest of your child. This will be given to your child's cabin counselors to help them provide the best experience possible.

**Note:** Please return this form with your **HEALTH FORM** (and **TRIP** or **CILT FORMS** if applicable) directly to:  
Camp Tecumseh YMCA, 12635 West Tecumseh Bend Road, Brookston, IN 47923, or fax 765-564-3210

Well-liked nickname: \_\_\_\_\_ Age while at camp: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

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

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

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

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

What in addition to the Health Record should the camp know about your child in order to serve your goals better? Any physical disabilities or limitations? \_\_\_\_\_

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

(For Girls) Has this camper menstruated? \_\_\_\_\_ If no, has she been told about it? \_\_\_\_\_

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

Will these affect camper taking part in camp activities? \_\_\_\_\_

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

Is camper subject to bed wetting? \_\_\_\_\_ (If so, camper must bring his/her own rubber sheet.)

How is it handled at home? \_\_\_\_\_

Is camper subject to nightmares, sleepwalking or talking in his/her sleep? \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

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

Has camper been away from home without his/her parents before? \_\_\_\_\_ How long? \_\_\_\_\_

Where? \_\_\_\_\_

Has your child experienced homesickness before? \_\_\_\_\_ What works well with your child when dealing with homesickness? \_\_\_\_\_

School work:  Excellent  Average  Fair  Poor

Any special problems with class mates? \_\_\_\_\_

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

Last Name:

First Name:

Makes friends:  Easily  Fairly Easily  With difficulty

Comments: \_\_\_\_\_

Expresses Feelings:  Easily  Fairly Easily  With difficulty

Comments: \_\_\_\_\_

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

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

Tense	Shy	Helpful	Happy	Selfish
Aggressive	Follower	Leader	Easy going	Moody
Cooperative	Nervous	Withdrawn	Quick learner	Antagonistic

Needs extra time for \_\_\_\_\_

What type of discipline works well with your child? \_\_\_\_\_

\_\_\_\_\_

### SPECIAL AUTHORIZATIONS

**RIFLERY:** Will you allow your child to participate in using .22 cal. rifles at the Riflery range, under the supervision of a qualified camp staff member, should he/she desire?  Yes  No

**FLOAT TRIPS:** Campers who are in the two oldest age groups (Warriors and Pathfinders) may have the opportunity as a cabin group to take a Canoe Float Trip down the Tippecanoe River. Campers in Advanced Kayaking may do a short trip on the Tippecanoe River as well. Both of these are led by certified Lifeguards, orientation on safety is provided, and PFD's are worn. Does your child have your permission to take one of these trips with a cabin group or clinic which might take him/her off the premises while under the direct supervision of Camp Tecumseh staff?  
 Yes  No (Please call us if you have questions.)

**SWIMMING:** All beginning swimmers will be required to take instructional swim clinic unless you notify us otherwise.  
 I do not wish for my child to be required to take swim lessons even if they test as a "beginning" swimmer.  
 I do wish you to sign my child up for lessons if "beginning" swimmer.

Are there any activities in which your child should not participate? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## Have You Completed The Camper's Health Form?

## Have You Enclosed Your Fee Balance?

**PLEASE NOTE:** All phone calls to camp, except emergencies, should be made during regular office hours, which are between 8:00 a.m. – 4:30 p.m. (Eastern Time), Monday through Friday. **THANK-YOU!**

Last Name:

First Name: