

YMCA OF METROPOLITAN MILWAUKEE, INC – CAMPING MINIKANI

875 Amy Belle Rd, Hubertus, WI 53033 *262-251-9080 * Fax 262-628-4051

2009 PARENT/COUNSELOR CONFIDENTIAL FORM



This form helps our counselors better know your child prior to his/her arrival to Camp. We are aware that many of the following questions are direct and that some may not apply to your child. Thank you for your honesty. It will allow us to better serve your child at camp. The information on this form is strictly confidential. A telephone call or letter to the Director is encouraged, if you would like to share private concerns.

Session: 1 2 3 4 5 6 7 Dates: _____

Program: _____

First Name _____ Middle _____ Last _____ Gender _____

Nick Name Preferred _____ DOB _____ Age on first day of session _____

School attended past year: _____ Grade _____ Grades skipped/repeated _____

Is there anyone who is not legally allowed to visit or pick up your child from Camp? YES NO

Name of individual(s): _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian First Name _____ Middle _____ Last _____

Father/Guardian First Name _____ Middle _____ Last _____

Are parents divorced or separated? Yes No How long? _____ With whom does your the camper live? _____

If either parent is deceased, please state which one _____ How long? _____

Ages of brother/s _____ Ages of sister/s _____ Siblings who will be at camp at the same time. _____

Has your camper been to Resident Camp before? Yes No Day Camp? Yes No

Has your camper been to Camp Matawa before? Yes No This will be his/her _____ summer at Camp Matawa.

Does your child have any fear/misgivings about coming to camp? Yes No Please explain: _____

Is he/she on any prescribed medications? Yes No Please list: _____

NOTE: ALL MEDICATIONS MUST BE SECURED BY CAMP HEALTH STAFF ON OPENING DAY

Does your child wet his/her bed? Yes No How often? _____

Does your child walk in his/her sleep? Yes No

What are your child's favorite foods? _____

Are there any foods your camper will refuse to eat? _____

Is your child a vegetarian? Yes No Is your child allergic to any foods? Yes No Please list: _____

Camper's swimming ability: Advanced Intermediate Beginner Non-swimmer

Is there any activity in which you DO NOT want your camper to participate in? _____

How does your child interact with other kids? (Check all that apply)

Shy Friendly Aggressive Outgoing Follower Leader Quiet Goofy Indifferent

How does your child interact with adults? (Check all that apply)

Shy Friendly Aggressive Outgoing Follower Leader Quiet Goofy Indifferent

CAMPER'S PERSONAL GROWTH ** Please take the time to fill this side out as completely as possible.

1. Each camper's experience at Camp is somewhat different. Tell us what you especially hope your child will gain from this summer's experience. What are your goals for him/her?

2. What skills do you hope your camper will develop while at Camp?

3. What are your camper's hobbies and special interests?

4. What responsibilities do you give your child around the house?

5. What is your child's current school status? Is his/her behavior at school an issue?

6. Are there any health problems or learning disabilities the counselors should know about?

7. Has your child received counseling or therapy? For how long? For what reason? Do you feel it was successful?

8. Is your child experimenting with or using alcohol, tobacco products, or illegal drugs?

9. Does child have any history of physically aggressive behavior? Be specific and address any recent incidents.

10. What methods of discipline do you recommend to the counselor for your camper? Please explain.

11. In what way can the cabin counselor aid your child's development of positive attitudes and habits?

12. Give a brief summary of your child. Include anything you feel will help us better understand him/her.

THANK YOU FOR HELPING MAKE YOUR CHILD'S SUMMER BETTER!

Parent/Guardian Signature _____ **Date** _____