



Child's Last Name _____

First _____

Session(s) Dates _____

Saginaw YMCA Camp Timbers Camper History and Confidential Form

Please answer ALL questions as completely as possible keeping in mind that the information you share will be used in strict confidence. Camper history and confidential information is shared only with those staff who will be working directly with your child. The information you provide will be used to help ensure the best possible camping experience for your camper. This completed form is retained by the YMCA of Saginaw along with the *Camp Registration Form, Health History and Examination Form*, all health records, employment records, etc.

Name Child prefers to be called

Age

Birth date

Gender M / F

Mother's Name

phone #

Father's Name

phone #

Guardian's Name

phone #

Parents are: Child lives with:

Together Both parents

Separated Mother

Divorced Father

Deceased _____ Other _____

Siblings Y / N _____

How many? _____ Ages: _____

Have any significant events occurred in your family lately? _____

Does your child have medical problems? Y / N _____

Describe any health conditions (allergies, asthmatic, etc.): _____

Describe any dietary restrictions/problems: _____

Does child need "Toilet-Night Call" Y / N _____ Is child a "Bedwetter" Y / N _____

Typical # hours of sleep _____ Any night time issues? _____

Has child had professional counseling Y / N _____

Therapist's recommendations for camp adjustment _____

Do you have anything to discuss with Camp Director prior to camp? _____



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How many friends does your child normally associate with? None Few Many

Are these friends mostly: Younger Same age Older

Does your child make friends easily? Yes No

Is your child in his/her appropriate grade (based on age)? Yes No

Does your child enjoy school? Yes No

Favorite subject(s): _____

List hobbies and interests (including clubs / organization)?

Who encouraged your child to come to camp? _____

Has your child ever Yes No
been to Camp Timbers? If yes, how many years? _____

Your child is looking forward to camp with:

Enthusiasm Acceptance Caution Anxiety

Ever separated from parents? Yes No Longest Period? _____

Ever been to an overnight camp? Yes No

Problems with homesickness? Yes No Some

Does your child have any fears? _____

What would you as a parent / guardian like to see you child gain from the camp experience?

PLEASE LIST NAME(S) OF YOUR CHILD'S REQUESTED CABINMATE(S):
(No more than two choices. Must be going into the same grade)

1) _____

2) _____

If your child expresses interest in extending his/her stay, would you like to be notified by the camp director? Yes No

Parent / Guardian Signature _____

Date _____