

PLEASE ATTACH
A RECENT
CAMPER PHOTO
HERE!!

YOU MAY ALSO
E-MAIL ONE TO
dewey@kawaga.com

CAMPER CONFIDENTIAL

To be completed by **PARENTS** of camper.
Please fill out both sides of this form and return by **April 1st**



Camper's name _____ Session 1 Session 2 8 weeks

Camper Year at Camp _____ Camper age at Camp _____ Grade next Fall _____ School _____

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Mother's Occupation _____ Father's Occupation _____

Parents' marital status: married divorced separated

Siblings (names, ages, and camp they attend)

CAMPER INFORMATION

Please be honest and candid when answering the following questions so we can best take care of your child while he is at Camp. If you would like to discuss anything herein further please feel free to contact Dewey or Matt. Thank you.

1. Describe your son's personality :
2. How does he respond in a group setting?
3. How is your son feeling about camp this summer?
4. Are there any areas of personal development in which you would like to see your son grow or mature? Yes No
If yes, explain:

For the following questions, please mark the box that best describes your son and explain further if needed.

1. Is a sleep walker Yes No If yes, describe: _____

2. Has nightmares Yes No If yes, describe: _____

Procedures followed at home: _____

3. Has difficulty falling asleep Yes No If yes, describe _____

4. Is a bed wetter? Yes No If yes, describe _____

5. Is fearful of : Animals Darkness Thunder Other_____
6. Makes friends easily? Yes No If no, describe_____
7. How Talkative or vocal is he? Extremely (talks a lot) Average Reserved or Shy
8. Would your son be able to communicate with his counselor if he had a problem? Yes No
If no, what might help? _____
9. Do you anticipate any homesickness while at camp? Yes No
Explain if needed: _____

HEALTH INFORMATION

The information is shared with your son's counselor but is not a substitute for the completed Health Form found online.

1. Diet/ Appetite: Good Fair Poor Overeats Lactose Intolerant*
* If yes, please describe limitations _____
2. Specific dietary requests/limitations: (if related to allergies, please complete section below)
3. Activities to avoid for medical reasons: _____
4. My son takes medication: Daily Only as needed None Other_____
5. My son wears: Glasses Contacts Braces Headgear Retainer
(if your son wears glasses, please send a spare set to camp with him)
6. Has your son ever been diagnosed with: ADD ADHD OCD Depression other emotional or behavioral issues.
7. Does he take meds at home that will not be continued at camp?_____
8. Please write any additional information that would help us better work with your son while he is at camp:

ALLERGIES

1. My son has allergies: Yes No If yes, please complete the rest of this section.
2. Food allergies: (please check all that apply. Please circle any that result in anaphlaxis)
 Peanuts Tree Nuts Dairy Shellfish Other_____
3. Other allergies (please check all that apply) Environmental Bees Antibiotics Other_____
Please describe _____
4. Does your child use an epipen? Yes No (if yes, send two epipens to Camp)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL TO US
ON A SEPARATE PIECE OF PAPER
Please return this form by April 1st**