

# Getting To Know You...

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_

We want your child to have a great camp experience. We ask that both the camper and parent/guardian complete this form together. The information will be kept in confidence, but shared with the camp counselors. If you have particular concerns of a more confident nature, please feel free to address them to the Camp Director. Don't be shy; tell us as much about yourself as you can!

Describe your child's familiarity with camping. (e.g. first time camper, previous experience at a hemophilia camp, experience at another camp, family camping trips, or with Scouts/Brownies/Guides/School.

What are the activities that you hope to be most involved with at camp this year?

What are your favorite camp "Evening programs"? (e.g. campfires, scavenger hunts, night games, skits, etc.)

Describe your child's interaction with others. (e.g. makes friends easy, eager to attend camp, comfortable with all ages, etc.)

Are you involved in any after school activities, clubs or teams?

**Describe your child's sleeping patterns. (e.g. sleeps all night, likes a story or stuffed animal, afraid of the dark, has nightmares, sleepwalks, bedwetting, etc.)**

**Have there been recent household adjustments or changes? (e.g. death of someone close or a family pet, illness, moving, new sibling, separation, divorce, etc.)**

**Describe your child's comfort in the water. (e.g. afraid of the water, average swimmer, has swimming awards, been in a canoe, etc.)**

**Does your child have any particular fears? (e.g. spiders, forests, dark, thunder, etc.)**

**What do you think camp can do for you and your child?**

**If you have any other comments or information that will help both your child and camp staff have a safe, enjoyable week, kindly describe:**