

## Help Us Get To Know Your Camper

The information will be used by camp counselors to ensure the best possible camp experience for your camper. Please circle/check your answers to the questions below and fill in all fields thoroughly.

Camper Legal Name \_\_\_\_\_ Camper Preferred Name \_\_\_\_\_

Camp Property (circle)      Rancho del Chaparral      Elliott Barker      Albuquerque Day Camp

Program name \_\_\_\_\_ Session dates \_\_\_\_\_

Is your camper's birthday during her camp stay?      NO      YES, when? \_\_\_\_\_

The child is under the custodial care of:    both parents    mother only    father only    other: \_\_\_\_\_

Do they sleep walk?    NO    YES, how often: \_\_\_\_\_      Wet the bed?    NO    YES, how often: \_\_\_\_\_

Has your camper ever slept away from home before?    NO    YES:    CAMP w/ FAMILY    SLEEPOVER    CAMP ALONE

How do they feel about camp (circle at most two)?    EXCITED    NERVOUS    TENTATIVE    OPTIMISTIC    CONCERNED

Do they have any fears (i.e. dark, thunder, lightning, bugs)?

Any homesickness or other adjustment concerns?

What do you hope your child will gain from this camping experience?

What are some things that you do at home when your child gets overwhelmed or overexcited to calm them down?

Would you like to share any other information that would help us to increase your camper's comfort level at camp?