



YMCA Camp Duncan

2024 CAMPER CONFIDENTIAL FORM

(To be completed by camper's parent/guardian)

Please help us assist your child with their camp experience by letting us know a little bit about them. This information helps us understand their unique needs and personality. All of the information you provide here is for your child's counselor and will be held in confidence. Some of the information is repeated from the Health History, but your child's counselor only has access to this form.

Camper's Name: _____ Home phone: _____

Well-Liked nickname: _____ Birth date: _____ Age at camp: _____

Grade in the fall: _____ Returning camper: Yes No How many years? _____

Camper lives with: Mother Only Father Only Mother and Father Other _____

Camper Gender: _____

How does your child feel about attending camp? _____

Has he/she ever been away from home without parents/guardians? NO YES

For how long? _____ How did the experience go? _____

What works well when dealing with homesickness? _____

Does our camper have any special fears? _____

Does your camper experience nightmares, sleepwalking or talking in their sleep?

What works well with dealing with any of the above? _____

Does your camper have any dietary restrictions or food allergies? (Be specific) _____

Note: Bedwetting is not a serious problem if handled properly- we can best serve your child if we know about it. If your child is likely to wet the bed, send more than 1 sheet and/or blanket. This will allow us to make the bedding change discreetly. It is better to send sheets and blankets as we cannot launder sleeping bags in our machines. By working together, this will not be a problem for your child at camp.

Is your camper subject to bedwetting? _____ If so, how is it best handled? _____

My child makes friends: EASILY FAIRLY EASILY HAS DIFFICULTY

Does your camper interact best with children Same age Younger Older

Please mark each word you would use to describe your camper when they are with other children.

Shy Friendly Quiet Outgoing Leader Follower

Please list any activities your camper should NOT participate in: _____

Child's Favorites

Foods: _____ Animals: _____

Colors: _____ Books: _____

Movies: _____ Music: _____

Hobbies: _____ Sports: _____

Please read the Camp Policies and also please list any other information you feel will help us better serve your child, and to make their camp experience the highlight of their summer.

Parent Handbook and Camper Policies

I have Read Parent/Guardian Handbook

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____