

PARENT-CAMPER CONFIDENTIAL FORM

INSTRUCTIONS-This form has been designed to develop communications between the camp and the parents, so that both of us can measure your son or daughter's experience at YMCA Camp Sky-Y and/or Chauncey Ranch. Please take time to carefully complete this form.

Camper's Name: _____ Nickname: _____

Address to include Zip Code _____

Age: _____ Birthday: _____ Grade next fall: _____ School: _____

Age of Sisters: _____ Brothers: _____

Has child been away from home before: _____ Religious affiliation: _____

Things the camper likes to do: _____

Please list 3 reasons your child wants to attend camp:

1. _____

2. _____

3. _____

Are there any problems, which may confront your child (homesickness, moodiness, sleepwalking, anxiety, and bedwetting)?

How does your child get along with others? _____

Are parents: Together _____ Divorced _____ Separated _____ Widowed _____

With whom is the camper living? _____

In custody cases, is there anyone who **may not** pick up your child? _____

Name and phone numbers of whom your child can be released to:

Where will you/spouse be during your child's stay at camp and include phone numbers?

Emergency contact(s) and phone numbers in case you cannot be reached during your child's stay at camp:

Parents or Guardian signature: _____