



PERSONAL INFORMATION



NOTE FOR PARENTS / GUARDIAN : PLEASE ANSWER THE FOLLOWING QUESTIONS AS CLEARLY AND ACCURATELY AS POSSIBLE. THIS INFORMATION WILL BE HELPFUL TO OUR STAFF AND WILL REMAIN STRICTLY CONFIDENTIAL. BY PROVIDING US WITH THIS INFORMATION, YOU WILL HELP US OFFER A NICE AND PLEASANT EXPERIENCE TO YOUR CHILD.

FAMILY NAME : _____ FIRST NAME: _____

HAS YOUR CHILD ATTENDED SLEEP AWAY CAMP BEFORE? YES NO

IF YES, WHICH ? _____ LENGTH OF STAY? _____

DOES YOUR CHILD KNOW HOW TO SWIM? YES NO

WHAT ARE YOUR CHILD'S FAVORITE HOBBIES? (NOTHING ELECTRONIC)

DOES YOUR CHILD HAVE ANY SERIOUS FEARS ?
(FOR EXAMPLE; FEAR OF WATER, FEAR OF THE DARK, FEAR OF SPIDERS...)

IF YES, WHAT CAN BE DONE TO HELP?

DOES YOUR CHILD HAVE ANY NIGHT TIME HABITS THAT WE SHOULD BE AWARE OF? (FOR EXAMPLE; BED WETTING, SLEEP WALKING?)

DOES SHE / HE SLEEP WITH A NIGHT LIGHT AT HOME?

DOES YOUR CHILD GET HOMESICK?
IF SO, HOW CAN WE HELP THIS CHILD DEAL WITH IT?

YES NO

DOES YOUR CHILD HAVE ANY BEHAVIORAL PROBLEMS

YES NO

IF YES, PLEASE SPECIFY AND WHAT MEASURES DO YOU TAKE TO AID IN THE SITUATION

WERE THERE ANY IMPORTANT CHANGES IN THE FAMILY IN THE COURSE OF THE LAST YEAR ? (FOR EXAMPLE; BIRTH, MARRIAGE, DEATH, DIVORCE, SEPARATION, CHANGE OF CUSTODY, ETC...) IF YES, HOW DID YOUR CHILD ADAPT TO THESE CHANGES?

DO YOU HAVE OTHER COMMENTS OR PARTICULAR TIPS TO GIVE US CONCERNING YOUR CHILD'S EMOTIONAL NEEDS, PERSONAL HABITS OR ANYTHING ELSE PERTAINING TO YOUR CHILD?
