

Iowa 4-H Center - Parent Confidential Form

This form must be sent in at least 2 weeks prior to the camper's arrival at camp.

Part "A"

Parent Fill Out

In order to be most helpful to your child in his/her adjustment to camp life, to sympathetically understand him/her, and to direct his/her growth and development, we are asking for the following confidential information. **This information is shared only with relevant staff, and will be used intelligently so that he/she can get the most from their camping experience. Your child will not see this form at camp. Have your camper fill out the camper letter first, before you fill out the informational section of this form.**

Camper's Name _____ Nickname _____ Boy / Girl

Session Attending _____ Camper's Hometown _____

School: _____ Grade Fall '07: _____

Camper is: Oldest Child Middle Child Youngest Child Only Child

Age During Camp _____ Any Brothers? _____ Ages _____ Any Sisters? _____ Ages _____

Child lives with (please circle one): Both Parents Mother Father Guardian Grandparents Foster Parents

Family status: married divorced custodial parent remarried
 single parent home separated spouse deceased

Mother/Guardian Name _____ Occupation _____

Father/Guardian Name _____ Occupation _____

What do you hope your child will gain from his/her experience at our camp? _____

Personality Traits: Please mark the following characteristics that best describe your camper.

- | | | | | |
|---------------------------------------|---|--|---|--|
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Nervous | <input type="checkbox"/> Loner/Withdrawn | <input type="checkbox"/> Shy | <input type="checkbox"/> Quick Learner |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Excitable | <input type="checkbox"/> Chatty | <input type="checkbox"/> Moody | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Bossy | <input type="checkbox"/> Follower | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Whiny | <input type="checkbox"/> Cries easy |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Lazy | <input type="checkbox"/> Responsible | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Easy Going | <input type="checkbox"/> Leader | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Sloppy | <input type="checkbox"/> Highly competitive | <input type="checkbox"/> Meticulous | <input type="checkbox"/> Likeable | <input type="checkbox"/> Territorial |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Has a temper | <input type="checkbox"/> Hides emotions | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> "Nerdy" |

Camper may need extra time for _____

Makes friends (Circle One): Easily Fairly Easily With Difficulty Comments _____

Expresses feelings (Circle One): Easily Fairly Easily With Difficulty Comments _____

Has your child been to camp before?

No If not, then how does your child feel about coming to camp? _____

Yes (day camp, overnight camp, attended 4-H Center camp ____ years) How was his/her experience? _____

Any previous homesickness concerns or adjustment problems – tell us about it. _____

What chores does your child do at home? _____

What does your child do in his/her free time? _____

What is your child's bedtime during the summer? _____ What helps him/her fall asleep? _____

Any food preferences your child's counselor should be aware of? _____

Does your child have a history of any of the following within the past 3 years?

- | | | | | | |
|--|---|--|--|---|-----------------------------------|
| <input type="checkbox"/> bed wetting | <input type="checkbox"/> violent behavior | <input type="checkbox"/> nightmares | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> A.D.D. | <input type="checkbox"/> A.D.H.D. |
| <input type="checkbox"/> eating disorder | <input type="checkbox"/> hyperventilation | <input type="checkbox"/> sleep walking | <input type="checkbox"/> headaches | <input type="checkbox"/> being afraid of the dark | |

If so, what are your suggestions for helping work through these occurrences? _____

Does your child have any fears or concerns we should be aware of? Yes No

If yes, how can we help him/her to have a good experience? _____

VERY IMPORTANT – Have there been any recent deaths, divorces, separations, custody issues, or traumas that your child has had to adjust to and that might conceivably affect their behavior while at camp? Explain. _____

Please provide any other information, suggestions, or ideas that will help your child's counselor in fulfilling his/her duties and make your child's camping experience a more enjoyable one. _____

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Part "B"

Camper Fill Out

Are you ready for camp? We are, and we would like to get to know you a little better before you get here! Take just a few minutes and fill out this letter, it will help us to plan many activities for you and your cabin mates. Get ready, this summer will be an experience that will last a lifetime!

My name is _____, but my friends call me _____. Some things that I really enjoy doing are _____, _____ and _____.

My favorite subject at school is _____. Most of my friends would say that I am _____. If you were to ask my best friend about me, they would say that I _____. My best friends are people who _____. I am coming to camp because _____. I think my favorite camp activities will be _____. I think it would be fun if my cabin could do _____ as a camp activity. As my counselor, I would like you to know _____.

I understand that I am coming to camp to develop new skills, be a good friend and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow the Iowa 4-H Center rules including being considerate of my cabin mates, cooperating with my counselors and practicing good health habits.

Signed by Camper AND Parent _____ Date _____

Part "C"

Please do not write in this section! *The information in Part "C" will be filled out by your camper's counselor. It will be a brief overview of your camper's accomplishments during their time at camp and will be returned to you during Check-Out time at the end of the session.*

Camper: _____ Camp: _____

Cabin: _____ Counselor: _____

Favorite Camp Song: _____

Favorite activity while at camp: _____

Camp session your child showed interest in for next summer: _____

Three accomplishments the counselor observed from your child during their time at camp:

1. _____
2. _____
3. _____

Here are some fun things that happened this week, so you can ask your camper about them on the way home:

- _____
- _____
- _____
- _____