

# Iowa 4-H Center - Day Camp Parent Confidential Form

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

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. Thank you for taking time to complete this form!

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Boy / Girl \_\_\_\_\_ Age During Camp \_\_\_\_\_ Camper's Hometown \_\_\_\_\_

School: \_\_\_\_\_ Grade Fall '11 \_\_\_\_\_

Parent/Guardian most likely to pick-up and drop-off camper (Name): \_\_\_\_\_ Cell Number: \_\_\_\_\_

**E-mail Address** (Please check every Sunday night before day camp begins): \_\_\_\_\_

Does your day camper still use a booster seat in the car?  No  Yes, and we will provide one for day camp pick-up & drop-off

Camper is:  Oldest Child  Middle Child  Youngest Child  Only Child

Has your child been to camp before?  No  Yes, Day Camp \_\_\_\_\_ years  Yes, overnight camp \_\_\_\_\_ years

How does your child feel about coming to Day Camp? \_\_\_\_\_

What day camp activity are they most looking forward to? \_\_\_\_\_

What would you like your child to gain from his/her camp experience? \_\_\_\_\_

What hobbies or interests does your child have? \_\_\_\_\_

Does your child have any fears or concerns we should be aware of? \_\_\_\_\_

If so, how can we help him/her to have a good experience? \_\_\_\_\_

Any food preferences we should be aware of? \_\_\_\_\_

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 \_\_\_\_\_

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 Loner/Withdrawn | 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"/> Territorial    | <input type="checkbox"/> Energetic      |
| <input type="checkbox"/> Lazy         | <input type="checkbox"/> Responsible        | <input type="checkbox"/> Stubborn        | <input type="checkbox"/> Sensitive      | <input type="checkbox"/> Organized      |
| <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Easy Going         | <input type="checkbox"/> Leader          | <input type="checkbox"/> Cooperative    | <input type="checkbox"/> People Person  |
| <input type="checkbox"/> Sloppy       | <input type="checkbox"/> Highly competitive | <input type="checkbox"/> Meticulous      | <input type="checkbox"/> Likeable       | <input type="checkbox"/> Investigative  |
| <input type="checkbox"/> Quiet        | <input type="checkbox"/> Has a temper       | <input type="checkbox"/> Hides emotions  | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Tender Hearted |

Is there anything else about your child that you would like the day camp staff to know about? \_\_\_\_\_