



CONFIDENTIAL INFORMATION FROM PARENTS

(Please return by June 1)

This information will be used to help us provide the best possible camp experience for your child. This form is shared with select staff, such as your child's group leader. **Please contact the directors directly if there is information you do not want them to share with any other staff members.** Attach additional sheets if you need extra space for answers.

CAMPER'S NAME _____ **GRADE IN SEPTEMBER** _____

This will be my child's _____ summer at Scatico, and s/he is enrolled for _____ 4 weeks _____ 7 weeks.
number

How does your child feel about being away from home and being at Scatico?

What is your child looking forward to the most?

What is your child most concerned about?

How would you describe your child's peer relations?

How would you describe your child's organizational skills?

How would you describe your child's transitional skills?

Are there specific fears that would impact adjustment to camp and what strategies do you suggest?

Are there any mealtime concerns the counselor can anticipate and how have you managed these?

Are there any nighttime concerns or routines the counselor can anticipate and what strategies do you suggest?

Please let us know if your child receives any academic, social/emotional or behavioral services either at school or in your community and share any strategies they are learning.

Was your child treated for or exposed to head lice this year? NO ___ YES ___

Date(s) of Treatment/Exposure _____

Please indicate medical history concerns you may have, i.e., recent treatment for Lyme or recent diagnoses.

Please indicate any allergies, including allergies to medications, food, seasonal, insect bites, sunscreen, etc.

Is the camper currently taking any medications? If so, what kind and for what reason, and will the camper still take the medication(s) this summer?

Describe the camper's physical condition and indicate any restrictions on activity (e.g., no diving):

Please describe any factors that will lead to a more complete understanding of your child. Please include any unusual situations or circumstances, which might affect adjustment to camp (i.e., plans to move, the death of a family member, divorce . . .)

Signature _____ Date _____