

# Complete and Return by April 30, 2009

Camp Manito-wish YMCA

P.O. Box 246

Boulder Junction, WI 54512

Fax: (715) 385-2461

# Camper Information & History

*To be completed by parents or guardians  
after consultation with camper*

**This form is used to: (a) educate administrative and counseling staff about camper needs;  
(b) provide health care staff with background about your child.**

**Receiving this information is crucial to our ability to provide a supportive environment.**

**Please check the session your child is attending:**

\_\_\_\_\_ **Boys 2-week (1)** (June 20 – July 3)

\_\_\_\_\_ **Boys 2-week (2)** (July 5 – July 18)

\_\_\_\_\_ **Boys 4-week** (June 20 – July 18)

\_\_\_\_\_ **LumberJack** (July 5-11)

\_\_\_\_\_ **Girls 2-week (1)** (July 21 – August 3)

\_\_\_\_\_ **Girls 2-week (2)** (August 5 – August 18)

\_\_\_\_\_ **Girls 4-week** (July 21 – August 18)

\_\_\_\_\_ **LumberJill** (August 5–11)

The information on this Camper History Sheet is used by administrative staff to assist them in properly placing your camper in a cabin group that will offer the best environment for individual and interpersonal growth. It also helps our counseling staff understand how to offer the best type of experience for your child. We ask that you carefully fill out this sheet. Giving full and accurate information will better enable us to understand and guide your child. Although your camper may be returning for another year of camping with us, and you may have previously completed this form, ***please take the time to complete the sheet this year.*** The updated information is helpful in understanding the maturing goals and personality of your camper.

Camper's Name _____	Nickname _____		
City _____	State _____		
School _____	Date of birth _____	<b>Grade in Fall '09</b> _____	
Is camper returning to Manito-wish? Yes ___ No ___	If yes, cabin in '08 _____		
Height _____	Weight _____	Age of brothers _____	Age of sisters _____
Father's Name _____	Occupation _____		
Mother's Name _____	Occupation _____		
If either parent is deceased, state which one _____			
Are parents divorced or separated? _____ If so, with whom does camper live? _____			
<b>To whom should parent communication be addressed?</b> _____			
To receive Camp updates, please list your preferred family email address: _____			
What is your home town newspaper? _____			

***This information will be helpful for your camper's counselor and the camp administration when working with your child this summer. We realize some of the following questions are direct and that they may not apply to your camper. This information is important to disclose to best meet the needs of your child. Thank you for your honesty.***

**ILLNESS, ACCIDENTS OR OPERATIONS:** Has camper had any serious illnesses or accidents?

\_\_\_\_\_  
Please give details on camper's health that the counselor should know, including any allergies or dietary restrictions.

\_\_\_\_\_  
Tell us about your family. Has your family situation recently changed? \_\_\_\_\_

\_\_\_\_\_  
Describe your child's relationship with peers. What role does your child assume?

\_\_\_\_\_  
What advice can you offer our staff in working with your child? \_\_\_\_\_

\_\_\_\_\_  
Briefly describe the method(s) you utilize in disciplining your child? \_\_\_\_\_

\_\_\_\_\_  
How does your child feel about attending Manito-wish this summer?

\_\_\_\_\_  
Does your child require any special accommodations? Physical? Behavioral?

\_\_\_\_\_  
How would you describe your child's behavior at school? \_\_\_\_\_

Has your child been diagnosed with or received any treatment, or received counseling for the following:

<b><u>Yes</u></b>	<b><u>No</u></b>		<b>Please elaborate on any YES responses:</b> _____
___	___	Attention Deficit Disorder (ADD)	_____
___	___	ADHD	_____
___	___	Depression	_____
___	___	Drugs / Alcohol / Tobacco abuse	_____
___	___	Eating disorders	_____
___	___	Physically aggressive behavior	_____
___	___	Other _____	_____

We know that families have certain expectations for their child from a camp experience, and that no questionnaire can give a complete picture of a child. Therefore, we strongly encourage you to use this page to give a description of your child which will increase our understanding and enable us to better choose the most appropriate counselor and cabin group.

**Your description should include:** (1) Child's personality characteristics, (2) Child's expectations of camp, and (3) Parent or guardian's expectations of camp. Please feel free to use the back of this form or add a sheet.

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**ACTIVITIES:** This section assists the counselor in knowing your camper's interests. We realize that interests of younger or newer campers may not be as defined, but any information is helpful.

Can your child swim? \_\_\_\_\_ How well? \_\_\_\_\_

Has camper had canoeing experience? \_\_\_\_\_ backpacking? \_\_\_\_\_ sea kayaking? \_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

What musical instrument does your child play? \_\_\_\_\_

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**CABIN REQUESTS:** Most of our campers arrive "solo" and quickly make new friends. Some attend with a friend and request to be in a cabin together. Either way, your child will make new friends. Should you want to make a cabin request, here are guidelines:

- 1) The request must come in written form (note or on this form) from BOTH families.
- 2) Campers must be the same age and/or grade.
- 3) Campers must be attending the same session.
- 4) Multiple cabin requests are not encouraged, as it can be disruptive to cabin dynamics.

**Cabin requests made within 48 hours of arriving at Camp will not be honored. No requests are guaranteed,** though we do our best to honor them. Also, even though a cabin request has been fulfilled, we can not guarantee that the requested campers will go on trail together (14- and 20-day sessions). Thank you for your understanding.

If you feel it is necessary to have a cabinmate please list your request here:

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