

Valley of the Sun YMCA CAMPING SERVICES

PARENT-CAMPER CONFIDENTIAL FORM

INSTRUCTIONS-This form has been designed to develop communications between the camp and the parents, so that both of us can measure your son or daughter's experience at YMCA Camp Sky-Y and/or Chauncey Ranch. Please take time to carefully complete this form.

Camper's Name: _____ Nickname: _____

Address to include Zip Code _____

Age: _____ Birthday: _____ Grade next fall: ____ School: _____

Age of Sisters: ____ ____ ____ Brothers: ____ ____ ____

Has child been away from home before: _____ Religious affiliation: _____

Things the camper likes to do: _____

Please list 3 reasons your child wants to attend camp:

1. _____

2. _____

3. _____

Are there any problems, which may confront your child? (homesickness, moodiness, sleepwalking, anxiety, bedwetting):

How does your child get along with others? _____

Are parents: Together ____ Divorced ____ Separated ____ Widowed ____

With whom is the camper living? _____

In custody cases, is there anyone who may not pick up your child? _____

Name and phone numbers of whom your child can be released to:

Where will you/spouse be during your child's stay at camp and include phone numbers?

Emergency contact(s) and phone numbers in case you cannot be reached during your child's stay at camp:

Parents or Guardian Signature: _____

Date: _____