

**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, and 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: \_\_\_\_\_