

PLEASE COMPLETE THIS EVEN IF YOUR CHILD HAS BEEN TO CAMP BEFORE

CAMPER PERSONAL INFORMATION – 2008

Please read, complete reverse side and return to camp.

As part of our program we request some personal information regarding your child prior to the summer. We would like to explain the reason for this important policy.

Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems.

As seasoned camp directors who are parents too, we appreciate these concerns. We also know how valuable such information can be in assisting us to help your child make as smooth and happy an adjustment to camp as possible.

Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem, other health issues, or a recent loss or major change in the family or child's life, makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance - especially in the first few days of camp.

Children often use their behavior rather than their words to tell us something is bothering them. Having advance knowledge of areas that might be difficult for your child helps us understand the message in his or her actions. The better we understand your child, the more we can assure you of a better summer for him or her.

This is especially true for children who have an attention problem, who are nervous about new situations or have limited social skills. Many parents fear that a camp will not accept their child if they are completely forthcoming about these situations, yet children need us to be partners with you in planning for a safe and successful summer.

Our commitment is to use such information only to help your child adjust to camp. Our policy is to share this information only with those directly responsible for your child's welfare - the nurse, your child's counselors, their direct supervisor, and ourselves. It will never be used unnecessarily, and only with the greatest discretion.

When faced with challenges, we can help your child have great success - if you help us. We encourage you to make us a full partner in planning for your child's summer.

Please complete the reverse side of this letter, and return it to us by May 1st. If you have any concerns or questions, please feel free to call us. Thank you for your assistance and insights.

Sincerely,

Paul Henriksen and Christa Campbell
Directors

If available, please
Attach photo HERE

CAMP NOR'WESTER CAMPER INFORMATION SHEET – 2008
RETURN FORM TO CAMP BY MAY 1ST

Session enrolled: First - _____ Second - _____ Grade complete by June _____

Child's name _____ Birthday _____
first last month/day/year

Camper lives with: both parents _____ mother _____ father _____ other _____
Any brothers? _____ Ages _____ sisters? _____ Ages _____

Has your child been to any summer camp before? _____ Where and length of stay: _____

What do you especially hope your child will receive from this camp experience?

How does your child feel about going to camp? Any misgivings, fears, hopes, expectations, etc?

Are there any special concerns we should be aware of? Check any that apply:
Bed-wetting _____ Homesickness _____ Emotional problems _____ Recent divorce _____ Family move _____
Death of a friend or relative _____ Limited social skills _____ Bullying (victim/bully) _____ Other _____
Please elaborate on any items checked (attach additional page if necessary) _____

Are there any techniques or strategies used successfully at home to deal with attention or behavior problems that you would like to see reinforced here?

Be sure to complete the Health Information, Over the Counter and Prescription Medication forms and return them to the Camp office so we can finalize your campers' information file.

Parent's signature

PLEASE READ REVERSE SIDE BEFORE RESPONDING TO THE ABOVE.
RETURN TO: CAMP NOR'WESTER, PO BOX 668, LOPEZ, WA. 98261.
DO NOT WAIT TO SEND THIS WITH THE REQUIRED HEALTH FORM.