



# YMCA Camp Bernie Overnight Camp Camper Profile Form

This form is used to provide important background information. If you have any special concerns about this information or about your child, please feel free to call us. As a team, we can assure your child of a successful experience at camp.

## General Information

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prefers to be called by what name: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_

Is this your child's first overnight camp experience? Yes No

Does your child have a friend or relative coming to camp? If yes, please list names.

\_\_\_\_\_

Do you have any suggestions to aid us in your child's transition from home to camp?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Home Information

With whom does your child live?  Mother  Father  Other: \_\_\_\_\_

Are the parents Separated, Divorced, Deceased. Other: \_\_\_\_\_

Are there any serious illnesses or recent deaths in the family?

\_\_\_\_\_

## Medical Information

Is your child a bed wetter? ( ) rarely, occasionally, frequently?)

Please describe any food allergies or dietary restrictions your child may have: \_\_\_\_\_

\_\_\_\_\_

Please describe any non-food allergies your child may have: \_\_\_\_\_

\_\_\_\_\_

Does your child wear glasses or contact lenses regularly? If so, please special instructions.

\_\_\_\_\_

NOTE: It is important that if your child takes medication during the school year that the same procedure is maintained at camp.

**Personal Information**

Briefly describe your child's personality: \_\_\_\_\_

\_\_\_\_\_

Describe any fears your child may have (eg. darkness, animals, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child have any learning or behavior difficulties that we should be aware of? If so, what modifications are used at home or at school?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you think we should know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_