



Camper Last Name, First Name

SS:	CB:	CS:
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Camper Confidential

YES	NO	Check yes or no for the following questions. If any answer is yes, please describe in the area below the question. Use space on back of page if needed.
		1. Has your child ever spent time away from home with relative, friends, vacation? What was the duration of the trip?
		2. Has your child ever been to Camp Wakeshma? How many years? When?
		3. Has your child ever been to another camp? What camp? When? What was the duration of the camp experience?
		4. Does your child participate in any community or outreach groups?
		5. Has your child ever lived with anyone other than current parent/guardian?
		6. Has your child ever been placed in foster care or other residential setting?
		7. Has your child had any emotional or behavioral challenges in school, at home, or anywhere else?
		8. Does your child have any emotional or mental impairment such as Attention Deficit Disorder, Hyperactivity, Depression, or Dyslexia?
		9. Is there any recent event that may cause your child to be unhappy at camp (divorce, death in the family, etc.)?
		10. Does your child have any fears that may be faced at camp (dark, water, etc.)?
		11. What does your child enjoy doing during free time?
		12. How do you feel Camp Wakeshma will benefit your child?
		13. Does your child wet the bed?
		14. Has your child had any swimming experience? What level? ___Beginner ___Intermediate ___Advanced