DADENITIC FODA	CAMPER:
PARENT'S FORM	Dates Attending:
(Fill in information about your child)	Parent or Guardian:
BEFORE YOU FILL IN THIS FORM	Person filling out form:
Please have <i>(or assist)</i> child in completing the	This column is for all campers
reverse side first, then complete & send to camp!	Which best describes his/her personality:
<b>IMPORTANT NOTE:</b> Your child's health and wel- fare are very important to us. You know your child better than anyone. We are counting on your help to make this experience a successful one for you and your child. Add additional comments on back.	Use:H =highlyS =somewhatN =Not so muchOutgoingReservedShyEmotionalListenerActiveEnergeticLikeableLeaderSensitiveFollowerFunnyTemperamental
Please be thorough and add any infor- mation you feel will help. Don't worry, camp is a safe wholesome place and	What would you like to see cultivated or developed in your child?
we will certainly consult you if your child is having problems that we cannot take care of at camp without guidance from you. If your child has a guidance counselor or case worker we can contact, please include that infor- mation on the back of this form.	How might your child act out if she/he is frustrated or upset and how do you resolve it? It helps counselors if you can share as much of your experience as possible.
This column is for younger children PAST EXPERIENCE AWAY FROM HOME? (camp, friends, grandparents etc.) Where, Length, With Whom, Age at time.	What aches and pains are "normal" and what do you do about them? Any medical or behavioral problems we should
What can you send along that will make his/her cabin "homey"?	be watching for and contact you it they occur?
What time does she/he go to bed?	Please rate your child's pain threshold?
What can we do to make her/him feel more	Complains Quickly Average
comfortable? (tuck-in, help with letters, hair, etc.)	Usually doesn't say, unless serious
What food is she/he allergic to and should not be asked to "Try Our Cooking"?	GIRLS: The camp environment and the change in life-style sometimes triggers or changes menstrual periods. Has your daughter started?
Any strong fears we should be aware of? (dark, water, storms, bugs, animals, etc.)	Is she prepared with supplies? Have you explained it to her?
How much time does your child usually spend: Alone? With one or two others? A group?	What does she take/do for cramps? Please let her know the camp staff are ready to help! 5

CAMPER INFORMATION FORM	
CAMPER'S NAME:	
Please fill out and return to camp.	
Please list the members of your household:NameAgeRelationship	List two hobbies?
	2)
	What do you like most about going to camp?
Have you attended camp or been away from home before? Where? When? How long?	How many letters are you planning to write? To whom?
We hope you are excited about camp! Time goes quickly once you're here, so help us get an idea of your interest so we can be ready for you!	What do you think it takes to make new friends?
What 3 things would you like to do at camp? 1) 2) 3)	What do you think it takes to live with other kids your age, what cabin rules would you make?
What 3 favorite things are you bringing?	
1)	Please put a check by the activities you would like to see camp offer:
2)	You will sign up again at camp for the
3)	activities you really want to do.        Waterfront      Writing        Adventure skills      Archery
What are your 3 favorite meals/foods?	Night hikes        Team Challenge          Reading/Story telling        Fishing
	Fire BuildingHiking Collecting ShellsCreek Hike
1)	Pizza Party Arts & Craft Overnight Campouts Folk Dancing
2)	SingingWoodshop Conservation ProjectsCampcraft
3)	Outdoor CookingExploring Horseback riding Tennis