



Camp Speers YMCA Overnight Camp Camper Information Record

This information helps the counselor to know your child better. It is very important that the Parent, rather than the child, fill out this form.

Camper's Name _____

Camper Prefers to be called: _____

Who resides at home? Father ___ Mother ___ Sisters ___ Brothers ___ Other? _____

Has your child been to camp previously? ___ Where? _____

If no, who referred you to Camp Speers? _____

Cabin Mate Request _____

She/He gets along with others... Easily ___ Fairly Easily ___ Has Difficulty ___

What are his/her major interests or hobbies? _____

Indicate what special needs, if any, that we should be aware of:

IS YOUR CHILD:

A slow dresser? [] A slow eater? [] Afraid of water, darkness, etc? _____

Sensitive about name, weight, height, etc.? _____

Subject to (please underline):

bed wetting, fainting, tiring easily, asthma, nightmares, sleepwalking, constipation, nervousness,

Other : please explain _____

What attitudes, traits, or habits are you trying to strengthen and/or encourage?

How may we best contribute to your child's development during her/his stay camp?

If there is any other information which you feel your child's counselor should know in order to make her/his camping experience a more positive one, please attach additional sheets to explain.

Please mail this form with your camp fee or at least 4 weeks prior to camp session or by June 1st so as to give your child's counselor a chance to review this information before your child arrives at camp.

Camp Speers YMCA
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