

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ School/Organization: \_\_\_\_\_  
Last First

## Parents' Confidential Information

*Please note that this is only needed for Outdoor Education groups that are staying overnight.*

Staff really, really pay attention to what is written on this paper. Please hand it in to your classroom teacher on time!

In order to be most helpful to your child in his/her adjustment to camp life, to sympathetically understand him/her, and to direct his/her growth and development, we are asking for the following confidential information.

**This information is shared only with relevant staff, and will be used intelligently to assist your camper in getting the most from their camping experience. Your child will not see this form at camp. To support this, please have your camper fill out the camper letter first, before you fill out the informational section of this form.**

Camper's Age: \_\_\_\_\_ Any Brothers?: \_\_\_\_\_ Ages: \_\_\_\_\_ Any Sisters?: \_\_\_\_\_ Ages: \_\_\_\_\_  
Any brothers or sisters at camp on these same dates? \_\_\_\_\_

Guardian1.Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian2.Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child lives with (please circle one):      Both Parents      Mother      Father      Guardian

Grade: \_\_\_\_\_

Personality Traits: Please circle which of the below characteristics that best describe your camper.

Tense	Shy	Helpful	Happy	Selfish	Leader	Easy Going
Follower	Cooperative	Nervous	Moody	Quick Learner	Aggressive	Withdrawn

Needs extra time for \_\_\_\_\_

Makes friends: Easily      Fairly Easily      With Difficulty      Comments \_\_\_\_\_  
*(Circle One)*

Expresses feelings: Easily      Fairly Easily      With Difficulty      Comments \_\_\_\_\_  
*(Circle One)*

What serious fear does your camper have? \_\_\_\_\_

What play activities does he/she most enjoy? \_\_\_\_\_

How does he/she get along with children his/her age? \_\_\_\_\_

Has your child been away from home before? \_\_\_\_\_ For how long? \_\_\_\_\_

What do you hope your child will gain from his/her experience at Camp Augusta? \_\_\_\_\_

Which activities or special skills would **you** like to see your child learn, practice, or develop while at Camp? \_\_\_\_\_

What does the **camper** hope to get or learn from Camp? \_\_\_\_\_

How does your child feel about coming to Camp Augusta? \_\_\_\_\_

Special note regarding camper's health (eating problems, allergies, previous illnesses, bed-wetting, fears or activities they cannot participate in, etc.) \_\_\_\_\_

Please provide any other information, suggestions, or ideas that will assist your child's counselor and village leader in fulfilling their duties by supporting your child. \_\_\_\_\_

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### **Camper Letter**

Each camper is asked to write a note to his or her counselor before camp begins. In this way, the counselors can help the campers feel welcome and know more about each child in his or her cabin group.

Campers, please complete this letter with some specific things you would like to do at camp, and include any special interests and/or camping experiences you hope to gain. Other points to consider writing about are nicknames, favorites, un-favorites, worries, joys, pets, jokes, and memories of camp if you've been before. We look forward to reading a bit about you as well! 😊

Date: \_\_\_\_\_

Dear Counselor:

Signed: \_\_\_\_\_