

CAMP MASON – CAMPER CONFIDENTIAL INFORMATION

Any information we have that will help us better understand a camper should difficulties or adjustment problems arise is of great importance. Please help us by honestly completing all portions of this form. The information provided on this form is used to assist us in creating the most successful environment for your camper and has no bearing on entry into our summer camp program. Please attach any extra paper needed for explanations. Thank you for partnering with us as we strive to provide your camper with the best possible camp experience.

Camper Name _____ Sex _____ Session Enrolled: _____

Age on June 1: _____ School grade next fall: _____ Ever held back? _____

SIBLINGS *Names* *Age* *Lives with camper?* *Will or has been at Mason?*

Child previously attended Mason? _____ If so, what years? _____ In which villages? _____

Please describe any previous camp experiences: _____

Please describe the current family/home situation: _____

Are there any custody issues, court orders or non-visitation agreements? _____

Name of Parent/Guardian _____ Occupation _____

Home phone _____ Day-work phone _____

Name of other Parent/Guardian _____ Occupation _____

Home phone _____ Day-work phone _____

Are there any general restrictions, disabilities, concerns or religious requirements we should know? _____

Does your child have any allergies/food restrictions? _____

Does your child have a history of any of the following within the past 3 years? (Circle all that apply)

bed wetting	violent behavior	nightmares	hyperactivity	A.D.D.
tobacco use	severe allergic reactions	hyperventilation	sleep walking	eating disorders
bullying	cutting/self mutilation	fighting	vandalism	low self-esteem

