

# YMCA CAMP CHANDLER

## Parent to Counselor Letter

All information below will be shared with your child's counselor, but will remain confidential from all other campers. Your cooperation in providing complete information on this form will help us to more effectively meet the needs of your child. **Please return this form no later than two weeks prior to your camper's session.**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_ Male \_  
Female

Birth date \_\_\_\_\_ Nickname \_\_\_\_\_

Grade Fall '08 \_\_\_\_\_ Session(s) your child is attending \_\_\_\_\_

Has your child been away from home overnight before? \_\_\_\_\_

Has your child been to camp before? \_\_\_\_\_

Has your child been to Camp Chandler before? \_\_\_\_\_ How many years? \_\_\_\_\_

How does your child feel about coming to camp? \_\_\_\_\_

What would you like your child to gain from his or her camp experience? \_\_\_\_\_  
\_\_\_\_\_

What chores does your child do at home? \_\_\_\_\_

What does your child do in his or her free time? \_\_\_\_\_

Can your child swim? \_\_\_\_\_

Is your child afraid of the dark? \_\_\_\_\_

Does your child sleepwalk? \_\_\_\_\_

Does your child ever wet the bed?  
\_\_\_\_\_

If yes, what are your suggestions to help avoid the bedwetting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears or concerns we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, how can we help him/her to have a good experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary needs?

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Things my child is allergic to:

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Are there any special concerns that you would like our staff to be aware of?

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Parent/Guardian's Signature

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