



Camper Confidential Form



Please return this form to: YMCA Camp St. Croix
532 County Road F, Hudson, WI 54016
612.465.0560–MN 715.386.4380–WI FAX 715.386.4382

General Information:

Camper Name: _____ Age: _____ Birthdate: ___/___/___ Gender: _____
Home Phone: _____ Cell Phone: _____
Father's Name: _____ Work Phone: _____
Mother's Name: _____ Work Phone: _____
This is your _____ year at Camp St. Croix. Number of years at other resident camps? _____ Day camps? _____
Child lives with both parents? Yes _____ No _____ Lives with: _____
School: _____ Grade next fall: _____
Number of brothers: _____ Number of sisters: _____

Are you a YMCA Camp St. Croix Alumni? Yes _____ No _____
Are you or have you ever been a YMCA volunteer? Yes _____ No _____
*Are you interested in being on a Parent Advisory Committee for Camp St. Croix? Yes _____ No _____

***Please call 612.465.0566 for additional information about this unique opportunity.**

Parent Questions:

This confidential information will help our counseling staff better understand and help your child get the most from their camping experience. Please complete and return the form to Camping Administrative Services 10 days prior to your child's session. Please be candid and honest. We are here to serve your child and the more information we have the better! Thanks!

Personality Traits:

Please list several adjectives that you feel describe your child:

Does your child:
Make friends easily? Yes _____ No _____ Comments: _____
Have many friends? Yes _____ No _____ Comments: _____
Express feelings openly? Yes _____ No _____ Comments: _____
Follow instructions well? Yes _____ No _____ Comments: _____
Have any special fears? Yes _____ No _____ Comments: _____
Enjoy school? Yes _____ No _____ Comments: _____

Describe your child's responsibilities in the family and community: _____

What type of discipline works with your child? _____

Are there any other things about your child's personality that his/her counselor should know? _____

Adjustment Factor:

As the parent, do you anticipate any adjustment problem to camp living? No ___ Yes ___

Please explain: _____

Where do you expect this child to excel at camp? _____

Is this the first time your child has been away from home? No ___ Yes ___

Do you think that your child will be homesick at camp? No ___ Yes ___

Does he/she regularly experience nightmares, talking in sleep or sleepwalking? No ___ Yes ___

Does your child have a history of bedwetting? No ___ Yes ___

How is this handled at home? _____

Additional Comments and Information:

Why are you sending your child to camp this summer? _____

Are there any special skills that you would like to see your child learn while at camp? _____

Are there any activities you do NOT want your child to participate in? _____

What activities does your child engage in when not in school? _____

Camper Questions: Parent/Guardian, please have your child fill this out or help them to fill it out. Thanks!

Please answer these questions so that your counselor will get to know you before camp starts.

Have you ever been to camp before? No ___ Yes ___ How many years? ___ Where? _____

Do you have a nickname? _____

Are you coming to camp with a friend? No ___ Yes ___ Name: _____

Skills and Interests:

Can you swim? No ___ Yes ___ How many lengths of an average swimming pool can you swim? _____

Have you ever taken swim lessons? No ___ Yes ___ What was your last class? _____

Have you been on a canoe trip before? No ___ Yes ___ How many days? ___ How many times? _____

What rivers or lakes have you canoed? _____

Can you sail? No ___ Yes ___ What boats can you sail? _____

Have you ever been on a horse? No ___ Yes ___ How many times have you ridden? _____

What sports do you enjoy playing? _____

What are your hobbies? _____

Do you play a musical instrument? No ___ Yes ___ Instrument: _____

Are you a member of any scouts, clubs or YMCA groups? No ___ Yes ___ Names: _____

What subjects do you like most in school? _____

Personal:

What do you like most about yourself? _____

What do you do when you are angry or upset? _____

Why do you want to come to Camp St. Croix? _____

Describe something that you feel proud about that you did (do)? _____

Who do you spend most of your time with? _____

What are you looking forward to at camp this summer? _____

Thank you for filling out this form. Please re-read and then send to YMCA Camp St. Croix! Thanks and we look forward to seeing you this summer!~YMCA Camp St. Croix Summer Staff