

DUE APRIL 1, 2010

CAMP OUR TIME CAMPER PROFILE SHEET 2010

CAMPER'S NAME _____

GRADE ENTERING IN FALL, 2010 _____

AGE AS OF AUGUST 8th 2010 _____

PARENT/GUARDIAN HOME PHONE # (____) _____ - _____

MOTHER / GUARDIAN CELL # (____) _____ - _____

FATHER / GUARDIAN CELL # (____) _____ - _____

REQUIRED

Please attach a photograph of your child to this form.

Thanks

For all parents of campers attending Camp Our Time, it is **MANDATORY** that you answer the following questions. Additional relevant information may be put on a separate sheet. This form is seen only by the Directors, camp nurse & doctor, and only when appropriate, bunk counselors. The information disclosed is not used in a discriminatory manner, or to screen out campers, but to meet the physical, psychological and social needs of your child. Please return completed form to the Camp office before **March 1st, 2010**. **We also request a current passport-like photo attached to the sheet.**

IMPORTANT: The effectiveness of dealing successfully with each camper stems from a sound understanding of that camper's needs. Therefore, we require full and complete disclosure. Your honest and candid responses will help us achieve our mutual goals.

1. Describe your child's typical interaction with others; does he/she tend to be outgoing or shy? Does he/she readily participate in activities, or does he/she need encouragement to participate?

2. Has your child experienced any trauma, disappointing peer or school relationships this year that you think would be helpful for us to know about?

3. Do you anticipate that your child might experience any homesickness or other emotional upsets from being away from home?

4. Does your child have habits or tendencies, which may be of concern at camp (i.e. sleepwalking, bed wetting, insomnia, temper, argumentative, etc.)? If yes, please explain.

5. Has your child ever had a psychological evaluation, or is he/she currently, or in the past been under the care of a psychologist, psychiatrist or social worker? Yes No
If yes, please explain.

6. Does your child have any medical issues we should be aware of (depression, anxiety, asthma, allergy, recent/old injuries, eating disorders, medications, etc.)? Yes No
If yes, please explain.

Is this information included on your child's Health Form? Yes No

7. Would you like your child's bunk counselors to follow through with any regimens that he/she has been on during the school year? Yes No
If yes, please explain.

8. Please give us a brief general description of your child that we can use as a basis for his/her bunk placement. Also, please indicate if your child has any friends/relatives attending camp that he/she would like to bunk with.

General comments: Please inform us of anything not requested above that would help us further understand your child.

Once again, the effectiveness of dealing successfully with each camper stems from a sound understanding of that camper's needs. Therefore, we require full and complete disclosure. Your honest and candid responses will help us achieve our mutual goals. Please take a moment before you sign to re-read your answers and make sure you have given us a thorough response to each question. Should you have any questions about this form, please call our offices at 212.414.9696.

Signed: _____ Date: _____

Print name of person who completed this form: _____