

Camp Session \_\_\_\_\_ Type of Camp: \_\_\_\_\_

### YMCA CAMP PEPIN CAMPER INFORMATION FORM

Camper Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

The Red Wing YMCA wants your daughter/son to have a happy, healthy meaningful experience at YMCA Camp Pepin. The Pepin staff is concerned with the growth of each camper—mentally, physically, and socially. They will be able to know and understand your child better if you can tell us something about life at home and school.

Therefore, we ask that you please circle applicable answers and fill out the following form carefully and completely. The information will be used confidentially by the staff and will assist them in working effectively with your child.

HOME - Lives with: Both parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Guardian \_\_\_\_  
BROTHERS (ages) \_\_\_\_\_ SISTERS (ages) \_\_\_\_\_

OCCUPATION: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_ (Guardian) \_\_\_\_\_

#### PERSONALITY CHARACTERISTICS

Tense	Aggressive	Withdrawn	Generous	Other: _____
Excitable	Timid	Moody	Cooperative	_____
Placid	Shy	Antagonistic	Happy	_____
Nervous	Selfish	Dependent	Resourceful	_____

ENJOYS: Quiet Games, Active Games, Athletics, and Exploring

PREFERS TO PLAY: Alone or with other children: younger, older or same age

ATTITUDE TOWARDS SCHOOL: Likes or Dislikes \_\_\_\_\_ Is a Leader or Follower \_\_\_\_\_

Has a fear of particular things or situations (describe): \_\_\_\_\_

What methods of discipline get the best results for you? \_\_\_\_\_

Hobbies: Arts, Crafts, Collections, Music, Drama, Sports, Water Sports, Other: \_\_\_\_\_

Other Activities: \_\_\_\_\_

Please give us any additional information that will help us work more effectively with your child: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_