



Administrative Camp Director:
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CAMP PERSONAL INFORMATION FORM (CONFIDENTIAL)

Not all questions apply to every child but any information you can supply us with may help us guide your child to a healthy, happy, and productive camp season.

Name _____ Sex _____ Age _____ Birthdate _____

Address _____ Telephone _____

Parent's Name _____ Occupation _____

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Family's Special Interests _____

Other Members of Household (siblings, grandparents, housekeepers, etc.)

Name	Age	Relationship to Child

Social Skills: Does child usually interact with other children? _____

With same age children? _____ Older? _____ Younger? _____

Same sex? _____ Large or small groups? _____ Active or quiet? _____

Other Interests: _____

Specific Allergies: _____

Other concerns: (food, physical, social, etc.) _____

Has your child had or require any intervention? _____

Please state reason for intervention: _____

Dates of Intervention: _____

Emotional: What past experiences have upset your child? (underline and explain)

Separation in family, illness, hospitalization, new sibling, animals, particular fears,
school or camp experience, or other: _____

Any present condition that may upset your child? (new baby, sibling rivalry, death in the family, other)

Underline those characteristics that apply to your child:

happy / affectionate / irritable / moody / calm / relaxed / excitable / tense / withdrawn /
boisterous / whiny / cries easily / sensitive / easily angered / dependent / self-confident /
independent / overactive / easily fatigues / aggressive / other : _____

Areas that your child may require special attention:

Eating, fine or gross motor skills, speech, social interaction, etc. _____

Any other information that you feel we should know to have a better understanding of your child.
