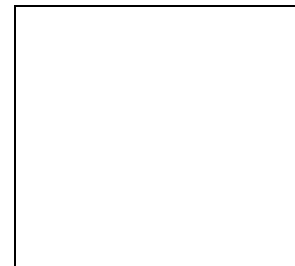




Camp Henry Horner
2010 Camper Intake Form



Camper Photo

Camper's Name _____

Grade in Fall 2010 _____ Birth Date _____

Number of Years at Henry Horner _____ School _____

Please indicate the sessions your child will be attending (check all that apply)

Day Camp Sessions	Overnight Camp Sessions	Other Camp Programs
<input type="checkbox"/> Session 1, June 21-July 2	<input type="checkbox"/> First Timers Week, July 5-July 9	<input type="checkbox"/> Kidz on Stage, June 21-July 16
<input type="checkbox"/> Session 2, July 5-July 16	<input type="checkbox"/> Session 1, June 28-July 10	<input type="checkbox"/> Door-to-Door Transportation
<input type="checkbox"/> Session 3, July 19-July	<input type="checkbox"/> Session 2, July 12-July 24	<input type="checkbox"/> Before Camp Care
<input type="checkbox"/> Session 4, August 2-August 13	<input type="checkbox"/> Session 3, July 26-August 7	<input type="checkbox"/> After Camp Care
<input type="checkbox"/> Post Camp, August 16-August 20		<input type="checkbox"/> Hot Lunch Program

Friendship request (limit 2) _____

Please describe your child's current hobbies or areas of interest _____

Please list any activities, which your child has expressed, any apprehension regarding his/her participation _____

Has your child ever attended a:

Day Camp program? No Yes

Describe significant successes or problem areas _____

Overnight camp program? No Yes

Describe significant successes or problem areas _____

What would you like your child to gain from his/her camp experience? _____

How does he/she feel about attending camp? _____

How does your child respond to new places, new situations and meeting new children and adults?

My Child makes friends (check one) easily over time with difficulty

Does your child have any fears that we should know about? No Yes (if yes, please describe)

Please list any conditions, limitations and/or allergies (asthma, bee stings, food allergies, & motion sickness)

Has your child received counseling or therapy? (answering this question will allow us to better serve your child)

No Yes

Any diagnosis of learning disabilities, motor coordination difficulties, social/emotional problems?

No Yes

Describe problems, if any, that your child may have with peers or adults? What techniques are the most successful in helping your child work through these problems?

Peers _____

Techniques _____

Adults _____

Techniques _____

Marital Status: Married Divorced Separated Single Parent Widowed

Family Status: Both Parents Work One Parent Works

Names of Siblings and their birth dates: _____

Name of anyone other than the child's parent who will share in the caring for him/her this summer
Name _____ Relationship _____ Phone _____

If you will be out of town during your child's stay at camp, who will be the designated guardian?
Name _____ Relationship _____ Phone _____

Date From _____ to _____

List food restrictions and special dietary needs _____

Any other comments you would like to share: