

Camp Ocean Pines

Parent Confidential Information Form

This form is to be filled out by the PARENT(S) or guardian of the camper.
The information on this form will be used by staff to better serve your camper's needs while at camp.

Camper's full name _____ Date of Birth _____ Age _____

Preferred nick name _____ Grade in September _____ School _____

List brothers and sisters by age _____

Has your camper been to camp before? Where and length of stay _____

How does your camper feel about going to camp? _____

What do you especially hope your child will get out of the camp this year? _____

What activities does your camper enjoy? _____

How well does your camper interact with others his/her own age? _____

How well does your camper take directions from adults? _____

Is your camper allergic to anything? _____

What regular chores or responsibilities does your camper have at home? _____

Did your camper earn part of the camp fee? _____ How was it earned? _____

Does your camper have any particular medical and/or psychological history that would be helpful for us to know?
(I.E. bee sting allergies, migraine headaches, hemophilia, bed wetting, sleepwalking, hyperactivity, agoraphobia,
nightmares, fear of water or darkness, etc.)

Please check you camper's level of swimming ability ___non-swimmer ___beginner ___intermediate
___advanced

These questions were answered by: Name _____ Relationship _____