



Personal Profile CYO Day Camps Summer 2008

Please complete and return this form to the Camp Office at least two weeks prior to session start date. The contents of this form will be held in the strictest confidence and will be used only as a guide and reference for your child's counselor. Please provide as much information as possible so that we may provide the most appropriate environment in which your child can thrive. Failure to disclose any physical, psychological, or medical condition or required medication may result in the dismissal of your child from camp.

Camper's Name.....Age as of June 16, 2008.....

Nickname child prefers friends to use (if any).....

Date of Birth.....Grade in September 2008.....

Parents' marital status.....Child resides with.....
(mother, father, stepparents, # of siblings, etc.)

If divorced, or legally separated, who has custody?

Court papers on file with CYO? Yes No

We can only honor visitation restrictions if a copy of the court order is on file at CYO

To whom may your child be released?

Name.....Relationship.....Phone.....

Name.....Relationship.....Phone.....

Name.....Relationship.....Phone.....

Will your child be using before camp or after camp care? Which one or both?

Hobbies and interests.....

Sports preferences or favorite camp activities.....

Activity restrictions (if any).....

What specific responsibilities (household chores, jobs etc) does your child have to the home and family? Please describe.....

What are some of your child's recent successes?

Allergies.....

Chronic or recurring injuries or illnesses.....

PLEASE CIRCLE SITE ATTENDING:

St. Joseph, Amherst

Carmelita Hall, Parma

Center for Pastoral Leadership, Wickliffe

Special developmental needs or learning disabilities.....
.....

Daily medications, excluding vitamins.....
This information is for the counselor only and does not replace information necessary on the Health History form.

Anticipated changes in medication for the summer?

Has your child had psychological counseling? Yes No How Long?.....Currently?.....
If yes, please explain.....

Does your child have any expectations or concerns about camp?

Is there a recent or anticipated family change that may affect your child?

What kinds of difficulties, if any, are counselors most likely to have with your child and how should they be handled?

Please identify your specific goals for your child this summer. Goals may include physical skill areas such as swimming, arts-n-crafts, archery as well as emotional skill areas like self-confidence, cooperation and resilience.....

What consequences do you use when it is necessary to discipline your child?

Does your child have any fears of which we should be aware? (storms, noises, the dark, etc.).....

Are there social and/or behavioral issues that will help us know your child better?

Is there anything else you'd like your child's counselor to know about him or her?

Form completed by.....Relationship to camper.....
Signature

For Camp staff use only: <input type="checkbox"/> Counselor has reviewed this profile
Counselor's signature.....Date.....