

WONDERLAND CAMPER PROFILE

(Check ones that apply)

Camper's Last Name	First Name	Sex	Date of Birth	Age	Grade (As of Sept)
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This form is to be completed by parent as fully as possible. The information is confidential and will be used by Camp Supervisory Staff to help your child to adjust to camp and to try and make certain that he/she will have the best possible camp experience.

1. Previous camp experience (day camps or sleepaway - name and year) _____

2. Did child enjoy the experience? (explain) _____

3. Previous group experience (name of organization or group, length of time child was active)?

4. Did child enjoy experience? (explain) _____

5. Child spends most of his/her spare time with (all that apply)
 _____ brothers or sisters; _____ 1 or 2 friends; _____ many different friends; _____ alone.
6. Child gets along with peer group (check one)
 _____ easily; _____ fairly easily; _____ with difficulty.
7. How does your child usually get along with adults:
 _____ positive and cooperative; _____ accepting and friendly; _____ seeks attention.
8. List your child's favorite hobbies, if any: _____

Over

9. What kind of activities does your child **DO** well? _____
10. What kind of activities does your child **NOT** do well? _____
11. How would you rate your child's swimming ability (check one):
_____ excellent; _____ good; _____ fair; _____ poor; _____ can't swim at all.
12. Please indicate whether your child has had any major illness or is physically challenged which may affect his/her participation in the full camp program: _____

13. Has your child ever been seen by a family counseling service, guidance clinic, psychiatrist or psychologist? _____ Yes _____ No. If "Yes", what was the presenting problem _____

14. Is your child enrolled in a special school or class? _____ Yes _____ No
15. Any additional information you feel the Camp should have about the camper: _____

Parent Signature _____ Date _____