



# Steve & Shari Sadek Family Camp Interlaken JCC

## New Camper Parent Information Form

**PLEASE  
ATTACH  
A RECENT  
PHOTO OF  
YOUR CHILD  
HERE**

CAMPER'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CHILD'S GENDER:  Male  Female    SESSION CHILD IS ATTENDING:  1<sup>st</sup>  2<sup>nd</sup>  Mini 1  Mini 2

CHILD LIVES WITH:  Parents  Mother  Father  Shared Custody  Guardian  Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    AGE (on June 30, 2008) \_\_\_\_    BAR/BAT MITZVAH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CAMPER'S EMAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE IN FALL '08: \_\_\_\_\_

LIST OTHER OVERNIGHT CAMPS ATTENDED (with years): \_\_\_\_\_

### ADJUSTMENT TO CAMP & PERSONAL INFORMATION

1. We are sending our child to camp for the following reasons: (check as many as apply)
- To have an enjoyable summer vacation
  - To experience group living in a camp environment
  - To learn to appreciate the outdoors & nature
  - To learn new skills
  - To make new friends
  - To have experiences he/she cannot have at home
  - To experience and be a part of a Jewish camp atmosphere

2. Who first suggested the idea of your child going to camp?     Parent     Child

3. Describe any physical or medical conditions that require activity restrictions or special attention:

\_\_\_\_\_  
\_\_\_\_\_

4. Child's sleeping habits: (check all that apply)     Normal     Light     Sleepwalker     Nightmares     Night-talker

5. Does your child wet the bed?     Yes     No    Frequency: \_\_\_\_\_

How is this handled at home? \_\_\_\_\_

6. How do you think your child will react to separation from his/her family? (check one)

Accepting     Some initial homesickness     Homesickness

7. Please describe any previous homesickness experienced by your child:

\_\_\_\_\_  
\_\_\_\_\_

8. Has your child received professional counseling (including Psychologist/Psychiatrist, Social Worker, etc.)?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



9. How does your child do in school? (check one)  
 Excellent       Good       Fair       Poor
10. Is your child's school achievement below expectations?     Yes     No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Did your child experience any unpleasant or difficult situations at school this year?     Yes     No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Describe any behavioral problems your child had in school and explain what you consider the most successful strategies for dealing with them: \_\_\_\_\_  
\_\_\_\_\_
13. How willing is your child to assume responsibilities? (check one)  
 Uses initiative     Generally willing     Occasional avoidance     Frequent avoidance     Resists
14. Describe any "special" family or other situation that we should know about (i.e. recent loss, parent separation, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
15. Does your child have any fears?     Yes       No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
16. How does your child usually get along with adults? (check one)  
 Accepting and friendly     Reserved     Attention demanding     Negative
17. In group settings, is your child usually a:     Leader     Follower     Both
18. What is your child's approach to establishing relationships with other children? (check one)  
 Outgoing     With ease     Slowly     With difficulty     Unknown
19. Describe your child's hygiene habits: (check one)  
 Assumes responsibility     Willing if reminded     Avoidance     Reluctance
20. In the participation of Judaic programming and services, your child will be: (check one)  
 Enthusiastic     Active     Willing     Reluctant
21. Please include any other information that you feel would be helpful in order to provide the best camp experience for your child. The more information our directors have, the better prepared we will be.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_