



Steve & Shari Sadek Family Camp Interlaken JCC
New Camper
Parent Information Form 2010

**PLEASE ATTACH
 A RECENT
 PHOTO OF
 YOUR CHILD
 HERE OR
 UPLOAD ONE
 ON BUNKI**

CAMPER'S LAST NAME: _____ FIRST NAME: _____

CHILD'S GENDER: Male Female SESSION CHILD IS ATTENDING: 1st 2nd Mini 1** Mini 2**

**My Mini 1 or Mini 2 camper has permission to stay for four weeks: Yes No

CHILD LIVES WITH: Parents Mother Father Shared Custody Guardian Other: _____

DATE OF BIRTH: ____ / ____ / ____ AGE (on June 30, 2010) ____ BAR/BAT MITZVAH DATE: ____ / ____ / ____

____ I WOULD LIKE MY CHILD TO HAVE TRAINING WHILE AT CAMP (ONLY IF BAR/BAT MITZVAH IS BEFORE JANUARY 2011)

CAMPER'S EMAIL ADDRESS: _____ SCHOOL: _____ GRADE IN FALL '10: _____

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 learn to appreciate the outdoors & nature
 - To make new friends
 - To experience and be a part of a Jewish camp atmosphere
 - To experience group living in a camp environment
 - To learn new skills
 - To have experiences he/she cannot have at home

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 list any food allergies and any other dietary restrictions: _____

22. 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.

PARENT VACATION INFORMATION

Parent 1: _____

Parent 2: _____

I (we) will be leaving for vacation on: _____ and returning on: _____.

I (we) may be reached at on my/our cell phone(s) at: (_____-_____-_____) Day/Date There: _____

(_____-_____-_____) Day/Date There: _____

I (we) will be unreachable during this time. In case of emergency, please contact:

(Name) _____ at (_____-_____-_____) Day/Date There: _____