

 Weinstein JCC
Specialty Camps

SPECIALTY CAMP 2009

INTEREST FORM

**This information will help us prepare for each camper this summer.
All information is confidential and will only be shared with the appropriate staff members.**

Child's Name: _____

Brothers and Sisters of Child?

Name _____	Age _____	Enrolled in Specialty Camp	<input type="radio"/> Yes	<input type="radio"/> No
Name _____	Age _____	Enrolled in Specialty Camp	<input type="radio"/> Yes	<input type="radio"/> No
Name _____	Age _____	Enrolled in Specialty Camp	<input type="radio"/> Yes	<input type="radio"/> No

If child is adopted, age at adoption: _____ does child know he/she is adopted? Yes No

Other members of household (include relationship and age) _____

What are child's favorite activities (indoor and outdoor)? _____

How would you describe your child's personality? _____

Does child have frequent colds? _____ Tonsillitis? _____ Earaches? _____ Allergies? _____

How does it manifest itself? (Asthma, Hay fever, Hives) _____

Any recent situations at home that may affect camper's behavior at camp? (i.e. recent separation/divorce of parents, death in family)
 Yes No

If yes, please explain: _____

Any concerns regarding the camper(s) that has resulted in professional consultation? Yes No

If yes, please explain: _____

Has camper taken any medications within the past year for medical or other reasons? Yes No

If yes, please explain: _____

Does child have any fears that you are aware of? _____

Any physical/medical limitations? Yes No

If yes, please explain: _____

Is camper looking forward to coming to camp? Yes No

Any information about your child which you feel we should know:
