



Parent's Information

We ask for the following information to help your child adjust to camp life, understand your child, and foster their growth.

Return to: YMCA Camp Kitaki
6000 Cornhusker Hwy.
Lincoln, NE 68507

THIS INFORMATION IS SHARED WITH YOUR CHILD'S COUNSELOR AND OTHER CAMP STAFF AS NECESSARY AND WILL BE USED INTELLIGENTLY IN THE INTERESTS OF YOUR CHILD

Session: _____

CHILD'S NAME _____

Gender: Male Female Birthdate: ___/___/___ Age at camp: _____

School: _____ Grade entering: _____

Church/Synagogue: _____ Attends: Regularly Occasionally Seldom

Previous YMCA Programs: _____ This will be camper's _____ summer at Camp Kitaki
(1st, 2nd, etc.)

FAMILY INFORMATION

Family: Parents are: Together Separated Divorced Other _____

Parent/Guardian 1's Name: _____ Parent/Guardian 2's Name: _____

of brothers: _____ Ages: _____ # of sisters: _____ Ages: _____

Any recent major family changes? _____

CAMPER INFORMATION

School Conduct: Excellent Good Fair Poor

Interaction with other children: Shy Boastful Aggressive Leader Bullying
 Non-participant Follower

Friends: Few Many (Older Younger Same age)

Attitude toward adults: Friendly Resentful Indifferent Helpful Showoff Defiant

Home Responsibilities: Cleans own room Garden or lawn work Errands Washes dishes
 Earns Spending Money Other: _____

Has child been away from home before? No Yes For how long? _____

Camper: Is athletic Reads frequently Enjoys crafts/art Enjoys swimming Enjoys music

Camper's hobbies and interests: _____

Camper's swimming ability: Fears water Non-swimmer Fair Good

Does your camper tend towards? Nervousness Earaches Bedwetting Phobia _____
 Sleepwalking Homesickness Highly active
 Other? _____

Camper's food likes/dislikes/appetite: _____
(Please note allergies on health form)

What do you want your child to gain from their camp experience or additional information we need to know to serve your child better? (Feel free to use additional pages) _____

