

**(FOR CAMP USE ONLY)**

**CABIN NUMBER:**

*Please return to...*  
**YMCA CAMP HANES**  
**1225 Camp Hanes Rd.**  
**KING NC 27021**  
**Fax: 336-983-4624**

**YMCA CAMP HANES**

**PARENT CONFIDENTIAL FORM**

*(Please return 30 days prior to camp session)*

Please Circle Camp Session

Traditional Camp:    1       2       3       4       5       6       7

Adventure Camp:    1       2       3       4       5       6       7

LIT Programs:        LIT 1            LIT 2

**TO PARENT: PLEASE CAREFULLY READ AND FILL-OUT**

Your fullest cooperation in providing complete information on this form will help the camp staff to know your camper better and more effectively meet the individual needs of each camper. **ALL INFORMATION IS CONFIDENTIAL** and used in the best interest of your child.

1. Camper's Name \_\_\_\_\_ Age \_\_\_\_ Male / Female
2. Birth date \_\_\_\_\_ Nickname \_\_\_\_\_
3. Camper Living with \_\_\_\_\_ Relationship \_\_\_\_\_
4. **Person(s) allowed to pick camper up from camp?(sign out at cabin)**  
\_\_\_\_\_
5. Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_
6. Camper's School Work: Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Fair \_\_\_\_
7. Which best describes your camper's health:  
Robust \_\_\_\_ Normally Healthy \_\_\_\_ Below Average \_\_\_\_
8. Does he/she/ make friends:  
Easily \_\_\_\_ Fairly Easily \_\_\_\_ With Difficulty \_\_\_\_
9. With whom does your camper spend the most free time with?  
\_\_\_\_\_

10. Number of siblings \_\_\_\_
11. What are your camper's interests? \_\_\_\_\_
12. What would you like to see cultivated/developed in your camper at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What games, sports, or activities does he/she enjoy? \_\_\_\_\_  
\_\_\_\_\_
14. What fears does your camper have? \_\_\_\_\_
15. Does your camper have any special concerns we need to be aware of? (learning disabilities, emotional impairments, etc.) \_\_\_\_\_  
\_\_\_\_\_
16. If so, how can we help him/her to have a good experience? \_\_\_\_\_  
\_\_\_\_\_
17. What form of discipline works best with your camper? \_\_\_\_\_  
\_\_\_\_\_
18. Is your camper subject to bed wetting? \_\_\_\_ Any suggestions? \_\_\_\_\_  
\_\_\_\_\_
19. What are your camper's eating habits? \_\_\_\_\_
20. What does your camper look forward to most during their week at camp? (ie. activities, games, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:**

***YMCA Camp Hanes reserves the right to search for and/or confiscate any and all items that the Camp Director deems inappropriate for camp. Please note that we do not allow campers to have cell phones.***

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_