

What is the camper's swimming ability? Excellent ____ Good ____ Fair ____ or Non-swimmer _____
Highest American Red Cross Certificate Level _____
How important is advancement in ARC swimming? _____

Has the camper ever been away from home without his parent(s)? Y / N. If so please describe experiences:

Describe the camper's summer experiences during the past two years (camp, at home, travel, summer school, etc)

Describe camper's attitude about coming to camp _____

Is the camper attending of his free will? _____ If no, please explain _____

What activities do you think your child will want to participate in? _____

What do you expect your son to gain from his camp experience? _____

Has the camper been in any special counseling programs or support tutorial programs? Y / N. If so, please explain:

Does the camper have any emotional difficulties that **might** affect his participation in camp life? Y / N If so, please explain: _____

Does the camper have any physical difficulties (problems with joints, required braces, etc.) that may affect his participation in camp life? Y / N. If so please explain: _____

Are there any emotional difficulties within the family which might be affecting the camper? Y / N. If so, please describe: _____

Has anything occurred in the camper's life in the past year that may be a problem, or that may affect behavior at camp (such as divorce, death of a relative, school problem, loss of a pet, etc.)? Y / N. If so, please explain: _____

Does camper experience:	Never	Sometimes	Regularly
Sleepwalking	_____	_____	_____
Nightmares	_____	_____	_____
Talking in Sleep	_____	_____	_____
Bedwetting	_____	_____	_____

Additional remarks or suggestions that you wish to pass on to camp personnel (Include special medications. Please use back page if necessary) _____

Camp policies regarding cabin assignments are outlined in the Parents Guide. For first time campers, if your son had a preference, please list the one special friend he would like to bunk with _____

Are there any specific activities in which your child must not participate? _____

I have supplied the above information and understand it will be treated as confidential and will be shared only with my son's cabin leaders and the camp administration. I further state that I have not withheld any information that is essential to William Lawrence staff in providing care for my child.

Date _____ Signed _____

Parent/Guardian