

Winter Office
 125 N. Burnt Mill Rd
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 Cherry Hill, NJ 08003
 p. 856-428-6256
 f. 856-428-6289



Summer Office
 740 Saginaw Rd
 Oxford, PA 19363
 p. 610-932-8467
 f. 610-932-3313
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Confidential Information Form

To be completed by parent or guardian. These questions about your child allows our upper staff to become acquainted with your child's background before camp begins. We appreciate your candid responses. Thank you!

**Please affix
 wallet-size
 photo of your
 camper here.**

Camper's Name:	DOB:
Session: Full <input type="checkbox"/> 1 st Half <input type="checkbox"/> 2 nd Half <input type="checkbox"/> 1 st 2-Weeks (1-2) <input type="checkbox"/> 2 nd 2-Weeks (5-6) <input type="checkbox"/>	
Grade (Sept.):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Siblings at Camp:	
Parents Names:	
Phone Numbers (Home/Work/Cell): MOTHER (H): _____ (W): _____ (C): _____	
Phone Numbers (Home/Work/Cell): FATHER (H): _____ (W): _____ (C): _____	
Emergency Contact Name, Relationship and Phone #	

I. Camp Experience:

A. Please describe any overnight camping experience your child has had.

II. Home Background:

A. If there has been an emotional or social problem or separation / divorce / remarriage, please briefly explain any circumstances involving your child of which the camp should be aware. Not Applicable

B. Has your child received any psychological or psychiatric counseling, if so please explain:
 Not Applicable

III. Health and Personal Habits:

A. Are there any dietary restrictions or special food concerns of which we should be aware of?

Not Applicable

B. Please list all medications your child is presently taking, if any and the reason.

Not Applicable

C. Does your child have any sleeping habits that we should be aware of, such as sleep walking, awaking during the night, bed wetting, etc. If so, describe the habits, the frequency of such and preventative measures.

Not Applicable

IV. Special Interests and Parent Comments:

A. Please share any comments that will help us provide your child with a successful camping experience.

Not Applicable

B. Briefly describe your child to his/her counselors:

THANK YOU!

Signature of Parent
or Guardian

Date

FOR OFFICE USE ONLY