

CAMP WINGATE * KIRKLAND CONFIDENTIAL CAMPER PROFILE

We are committed to providing a safe and rewarding experience for your child. This form is intended to provide us with a more complete profile of your child so that we can ensure a happy and smooth transition into camp. We respect the sensitivity to some of these questions and promise that this information will remain confidential.

Name: _____ Name that child prefers to be called: _____

Age: _____ Current grade in school: _____ Number of Summers at W*K, including '08: _____

Siblings (please include ages): _____ Siblings or relatives at Camp: _____

First time W*K Campers: Has your child been to a sleepaway camp before? Yes No

If so, which camp(s) and for how long? _____

If your expectations were not met at the previous camp(s), please explain: _____

Returning W*K Campers: Is there anything that we can do at W*K this summer to improve on your child's experience in 2007?

Does your child make friends easily? Yes No

Does your child feel comfortable joining groups on his/her own? Yes No

Please feel free to elaborate: _____

Are there ways in which your child does not respond well to adult authority? Yes No

What tips can you give your child's counselors to help them connect with your child?

What does your child do when he/she is upset? _____

What information should his/her counselor know in order to help during times of difficult behavior? _____

Does your child have any particular eating habits or issues? Yes No

Do you have concerns about your child's weight or your child's perception of his/her weight? Yes No

Does your child have a food allergy that requires adult supervision?

Does your child have any significant or unusual fears? Yes No

What information should our counselors know in order to allay his/her fears?

Please describe your child's nighttime ritual and routine:

Is your child expected to make his/her bed and clean his/her room at home? Yes No

Are there significant family circumstances or changes in your child's life (i.e. recent divorce, death, move, illness) that our staff should know about? Yes No If yes, please explain:

If parents are divorced, who has custody of the child?

Are there visiting restrictions for the non-custodial parent? Yes No **If yes, please attach a copy of court documents.**

Has your child been seen by a mental health professional in the past year? Yes No If yes, please explain:

Is there anything else of significance in your child's life that we should know about?

Please feel free to contact Sandy or Will if you would like to discuss any of the information that you have provided in this profile.

CAMP WINGATE * KIRKLAND, 79 WHITE ROCK ROAD, YARMOUTH PORT, MA 02675
(508) 362-3798 (888) 714-2267 OFFICE@CAMPWK.COM