

St. Vincent de Paul Camp

DAY CAMPERS

The staff at St. Vincent De Paul Camp wishes to make your child's experience at camp an enjoyable and exciting one. Please take the time to fill out this form to help us know your child.

Camper's Name _____

Name of individual filling out this form _____

Camp Experience

1. How does your child feel about going to camp?

2. What would you like to see your child get out of the camping experience?

3. Please indicate what level of swimming ability your child has:

Nonswimmer Beginner Intermediate Advanced

4. What activities does your child enjoy doing at home? _____

5. In case of homesickness, how do you suggest we deal with this BEFORE CALLING HOME?

ie, talk to sister, friend, brother. _____

6. Does your child have a behavior problem? Yes No

If yes, is the problem at School Home

Please explain: _____

Note: Any trouble your child may have at school will probably affect behavior at camp.

Please inform us so that we may be sensitive to your child's needs.

We are unable to accept campers with developmental, physical, and emotional disabilities due to New York State regulations for staff/camper ratios. Children with other special needs will be evaluated on an individual basis. Please indicate need for individual evaluation on the Camper Application.

7. Is your child enrolled in special education classes? Yes No

A. If yes, what type of class? _____

8. Is your child receiving counseling? Yes No

If yes, please explain: _____

9. Please share any additional information you would want us to know about your child.

PLEASE RETURN WITH APPLICATION