

St. Vincent de Paul Camp

RESIDENTIAL 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 _____

I would like my child to participate in the Beginner Basketball Instruction.

Camp Experience

1. Has your child slept away from home before? Yes No

2. Has your child attended a "sleep over" camp before? Yes No

A. Which Camp? St. Vincent de Paul Camp Other _____

B. When? _____

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

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

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

Nonswimmer Beginner Intermediate Advanced

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

7. Does your child wet the bed? Yes No.

If yes, how do you suggest the counselor handle this? _____

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

ie, talk to sister, friend, brother. _____

9. 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.

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

A. If yes, what type of class? _____

11. Is your child receiving counseling? Yes No

If yes, please explain: _____

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

13. Camper Request. I would like my child with _____

Note: We will make an effort to honor requests, but ask that you remember that coming to camp is to experience new activities and make new friends. Limit request to 1 FRIEND.

PLEASE RETURN WITH APPLICATION

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