

**RETURN COMPLETED FORM BY MAY 21<sup>ST</sup>**

YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, IN 47670

Camper Name \_\_\_\_\_

Camp Session(s) Date(s) \_\_\_\_\_

**CAMPER INFORMATION RECORD/CABIN MATE REQUEST**

Camper Prefers to be called by what name? \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on Arrival: \_\_\_\_\_ (Yr.) \_\_\_\_\_ (Mos.)

Grade completed by June '10: \_\_\_\_\_ Number of years at YMCA Camp Carson \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Parents are: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced

During school year camper lives at home with: ( ) both parents ( ) mother only  
( ) father only ( ) grandparents  
( ) other (specify) \_\_\_\_\_

Names/Ages of other children: \_\_\_\_\_

Names of siblings attending YMCA Camp Carson: \_\_\_\_\_

Family Religions: ( ) Protestant ( ) Jewish ( ) Catholic  
( ) None ( ) Other (specify) \_\_\_\_\_

**CABIN MATE REQUEST**

Great care is taken in assigning campers to cabins according to age, grade and mutual requests. **WE WILL TRY TO HONOR TWO MUTUAL REQUESTS**. However, children who are more than a one year apart in age are not normally placed together; also a number of children from the same neighborhood are not normally placed together because this is not in the best interest of the cabin group. Many parents prefer (if possible) not to place their child with close friends in order to encourage the development of new friendships and self-reliance.

If you wish to make a CABIN MATE request for your child, please list the choice(s) below. **(Note: We can only guarantee mutual requests.)** PLEASE GIVE CAREFUL ATTENTION TO THESE REQUESTS AS CHANGES CANNOT BE MADE ONCE CAMPERS ARRIVE AT CAMP.

CABIN MATE REQUEST #1: \_\_\_\_\_

CABIN MATE REQUEST #2: \_\_\_\_\_

PLEASE **DO NOT** PLACE MY CHILD IN A CABIN WITH: \_\_\_\_\_

***PLEASE COMPLETE THE BACK SIDE OF THIS FORM***

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Camper Name \_\_\_\_\_ Camp Session(s) Date(s) \_\_\_\_\_

Give a brief description of your child. Include anything you feel will help us understand him/her. Have there been any recent major changes in his/her life – a move, death or separation, birth of a sibling? Is he/she currently receiving counseling? Has he/she received counseling in the past? Our ability to help your child will be enhanced by your candor in sharing such information. If you would like to share private concerns, a telephone call (or letter) to the Executive Director is encouraged. Please attach additional pages if necessary. \_\_\_\_\_

**Other Concerns** Circle tendencies that merit watching: behavioral issues, bedwetting, fainting, tires easily, asthma, sleepwalking, nightmares, food allergies, constipation, others. Please make sure this information is also indicated on Health Form. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Is he/she on prescribed medication? \_\_\_\_\_ Please list: \_\_\_\_\_

**NOTE: ALL MEDICATION MUST IN THE ORIGINAL CONTAINER WITH THE CURRENT DOSAGE CLEARLY LISTED AND MUST BE GIVEN TO THE CAMP NURSE DURING REGISTRATION ON OPENING DAY.**

List camper's special interest in program activities: \_\_\_\_\_

Each camper's experience at camp is somewhat different. Tell us what you hope your child will gain from this summer's experience. What are your goals for him/her? \_\_\_\_\_

Campers at Camp Carson are free to choose the activities they would like to participate in. However, if you feel that your child needs to be encouraged to attend a specific activity, please indicate: \_\_\_\_\_

In what way can the cabin counselor aid your child's development of positive attitudes and habits? \_\_\_\_\_

Indicate the type of leader with whom your child works best: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT BY **MAY 21<sup>st</sup>** TO THE ADDRESS LISTED AT THE TOP OF THE FRONT PAGE. THANK YOU!

Sincerely  
MARK SCOULAR, Executive Director

Name of Parent \_\_\_\_\_