

~ Camper Profile ~

Camper's Name: _____

The information provided on these pages will assist our staff in providing a positive experience for your child. Please answer by circling the appropriate letters that describe your child or filling in the blanks. All camper profiles will be handled confidentially. Information will be shared and discussed only as needed. Brantwood Camp may request that an additional form be completed so that we can best plan for your child after reviewing the responses provided on this form.

1. This camper is my:
a. biological child
b. foster child
c. adopted child
d. Other: _____

2. At home my child usually plays:
a. with a large group of friends
b. with a small group of friends
c. alone

3. My child's relations with his/her friends are:
a. good
b. fair
c. poor

Comments: _____

4. Three activities my child likes are:

5. My child:
a. has never had a fight in school
b. has been disciplined for fighting/bullying in school
c. has been suspended for fighting/bullying in school
If child has been disciplined or suspended for fighting or bullying, please provide dates and details: _____

6. My child is interested in:
a. sports b. nature c. hiking
d. camping e. swimming f. arts

7. My child is:
a. happy to go to camp
b. a little apprehensive about camp
c. very apprehensive about camp

8. My child:
a. has not been to camp before
b. has been to camp before
Name of Camp: _____
Please describe the experience: _____

9. My child:
a. frequently spends the night at someone else's house
b. sometimes spends the night at someone else's house
c. rarely spends the night at someone else's house
d. has never slept away from home

10. My child:
a. has never wet his/her bed
b. has wet the bed in the past two years
c. presently has episodes of bed wetting

11. The following things make my child very angry:
a. being teased
b. not getting his/her way
c. being asked to do a chore
d. following rules
e. losing in competition
g. being criticized
h. usually does not get very angry

12. When my child is angry, he/she:
a. sulks
b. fights
c. throws things
d. wants to get back at someone
e. Other: _____

13. My child:
a. responds well to people in authority
b. does not respond well to people in authority
Please explain: _____

14. The camper's family situation is (Circle all that apply)
a. parents/guardians are together
b. parents/guardians are separated
c. parents/guardians are divorced
d. parent(s)/guardian(s) is/are deceased
e. lives in a single parent/guardian home
f. lives with birth parent and stepparent/partner
g. separated from biological parents
h. lives with foster caregivers
i. lives with biological siblings
j. lives with stepbrother(s)/stepsister(s)
k. lives with other foster children

Other _____

15. These are some recent changes (in the last 2 years) that my child is adjusting to:
a. new home
b. new school
c. new brother/sister
d. new parental employment
e. loss of parent's job
f. death of: _____
g. marriage of: _____
h. divorce
i. separation of parents
j. loss of a pet
k. loss of a close friend

16. Please indicate with a check your child's current general disposition and behaviors that most frequently occur:

- | | |
|---|--|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Active | <input type="checkbox"/> Easily Frustrated |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Frequently Cries |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Seeks Attention |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Easily Angered |
| <input type="checkbox"/> Difficulty with Siblings | |
| <input type="checkbox"/> Makes Friends Easily | |

17. Does your child take any medications? YES NO

If yes, please list medications and reasons for taking them.

Medication	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Please check any behaviors listed below that your child has a history of:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Fear of dark | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Biting self or others | <input type="checkbox"/> Firesetting |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Soiling | <input type="checkbox"/> Cutting |
| <input type="checkbox"/> Violence/threatening violence towards others | |

Other: _____

19. In school, my child is in:

- a. is in regular classes
- b. is mainstreamed
- c. is in special classes
- d. has an I.E.P.

Name of school: _____

Teacher to student ratio: _____

If you circled b, c or d, what is the educational diagnosis of your child? _____

21. What group activities does your child participate in outside of or after school?

22. Has your child ever been hospitalized for psychiatric, behavioral or medical reasons? YES NO
Date(s) and Diagnosis _____

23. Has your child ever been asked to leave any camp, after-school or community activities or programs?

YES NO If yes, what year(s) _____

What Program? _____

Comments: _____

23. Does your child attend counseling? YES NO

How long has your child been in counseling? _____

Please explain reasons for counseling _____

24. Does your child have a social worker or caseworker?

YES NO

How long has your child had the social/case worker? _____

Name of Worker: _____

Name of Organization: _____

Worker's Phone Number: _____

Reason for having a social or caseworker: _____

25. Has your child had any traumatic incidents?

a. No

b. Yes

Explain _____

26. Please list the name, relationship to camper, and age of all people living in the camper's home.

Name	Relationship	Age
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

27. I usually discipline my child by

28. Is there any additional information that you feel would be helpful to the staff at Brantwood Camp?

To the best of my knowledge, the information contained in this profile is correct.

Signature of Parent/Guardian

Thank you for providing the above information.