

~ 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 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 is interested in:	a) Sports b) Nature	c) Hiking d) Camping e) Swimming f) Arts
6. My child is:	a) Happy to go to camp b) A little apprehensive about camp	c) Very apprehensive about camp
7. 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: _____		
8. My child:	a) Frequently does sleepovers at someone else's house b) Sometimes does sleepovers at someone else's house	c) Rarely does sleepovers at someone else's house d) Has never slept away from home
9. My child:	a) has never wet the bed b) has wet the bed in the past two years	c) presently has episodes of bed wetting
10. The following makes 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 f) Being criticized g) Usually does not get very angry
11. When my child is angry, they would:	a) Sulks b) Fights	c) Want to back at someone d) Throws Things Other: _____
12. My child:	a) Responds well to people in authority b) Does not respond well to people in authority	Please explain: _____
13. The camper's family situation is (Check all that apply)	<input type="checkbox"/> Parents/guardians are together <input type="checkbox"/> Parents/guardians are separated <input type="checkbox"/> Parents/guardians are divorced <input type="checkbox"/> Parent(s)/guardian(s) is/are deceased <input type="checkbox"/> Lives in a single parent/guardian home <input type="checkbox"/> Lives with birth parent and stepparent/partner	<input type="checkbox"/> Separated from biological parents <input type="checkbox"/> Lives with foster caregivers <input type="checkbox"/> Lives with biological siblings <input type="checkbox"/> Lives with stepbrother(s) /stepsister(s) <input type="checkbox"/> Lives with other foster children <input type="checkbox"/> Other _____
14. My child:	a) Has not been to camp b) Has been to camp	Name of Camp: _____ Please describe the experience: _____
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) divorce	g) separation of parents h) loss of a pet i) loss of a close friend j) death of: _____ k) marriage of: _____
16. Does your child attend counseling? YES NO	How long has your child been in counseling? _____ Please explain reasons for counseling _____	

17. Has your child had any traumatic incidents? YES NO	Please Explain: _____ _____																
18. Please indicate with a check your child's current general disposition and behaviors that most frequently occur:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Quiet</td> <td style="width: 25%;"><input type="checkbox"/> Frequently Cries</td> <td style="width: 25%;"><input type="checkbox"/> Withdrawn</td> </tr> <tr> <td><input type="checkbox"/> Affectionate</td> <td><input type="checkbox"/> Happy</td> <td><input type="checkbox"/> Easily Angered</td> </tr> <tr> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Seeks Attention</td> <td><input type="checkbox"/> Difficulty with Siblings</td> </tr> <tr> <td><input type="checkbox"/> Easily Frustrated</td> <td><input type="checkbox"/> Curious</td> <td><input type="checkbox"/> Makes Friends Easily</td> </tr> <tr> <td><input type="checkbox"/> Irritable</td> <td><input type="checkbox"/> Tantrums</td> <td></td> </tr> </table>	<input type="checkbox"/> Quiet	<input type="checkbox"/> Frequently Cries	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Happy	<input type="checkbox"/> Easily Angered	<input type="checkbox"/> Active	<input type="checkbox"/> Seeks Attention	<input type="checkbox"/> Difficulty with Siblings	<input type="checkbox"/> Easily Frustrated	<input type="checkbox"/> Curious	<input type="checkbox"/> Makes Friends Easily	<input type="checkbox"/> Irritable	<input type="checkbox"/> Tantrums		
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19. Does your child take any medications? YES NO	If yes, please list medications and reasons for taking them. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Medication</td> <td style="width: 50%;">Reason</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Medication	Reason	_____	_____	_____	_____										
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20. Please check any behaviors listed below that your child has a history of:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Fear of dark</td> <td style="width: 25%;"><input type="checkbox"/> Biting self or others</td> <td style="width: 25%;"><input type="checkbox"/> Soiling</td> </tr> <tr> <td><input type="checkbox"/> Stealing</td> <td><input type="checkbox"/> Firesetting</td> <td><input type="checkbox"/> Cutting</td> </tr> <tr> <td><input type="checkbox"/> Sleepwalking</td> <td><input type="checkbox"/> Destruction of property</td> <td><input type="checkbox"/> Violence/threatening violence towards others</td> </tr> <tr> <td><input type="checkbox"/> Nightmares</td> <td><input type="checkbox"/> Bedwetting</td> <td></td> </tr> </table> Other: _____	<input type="checkbox"/> Fear of dark	<input type="checkbox"/> Biting self or others	<input type="checkbox"/> Soiling	<input type="checkbox"/> Stealing	<input type="checkbox"/> Firesetting	<input type="checkbox"/> Cutting	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Violence/threatening violence towards others	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Bedwetting					
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21. Name of school: _____ Teacher to student ratio: _____																	
22. In school, my child is in:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a) Is in Regular classes</td> <td style="width: 50%;">c) Is in Special Classes</td> </tr> <tr> <td>b) Is Mainstreamed</td> <td>d) Has an I.E.P.</td> </tr> </table> If you circled b, c or d, what is the educational diagnosis of your child? _____	a) Is in Regular classes	c) Is in Special Classes	b) Is Mainstreamed	d) Has an I.E.P.												
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23. 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: _____																
24. Has your child ever been hospitalized for psychiatric, behavioral or medical reasons? YES NO	Date(s) and Diagnosis _____ _____																
25. I usually discipline my child by _____																	
26. 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: _____																
27. What group activities does your child participate in outside of or after school? _____																	
28. Please list the name, relationship to camper, and age of all people living in the camper's home.	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 25%;"><u>Name</u></th> <th style="width: 25%;"><u>Relationship</u></th> <th style="width: 25%;"><u>Age</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>4. _____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>5. _____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>6. _____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>		1. _____	_____	_____	4. _____	2. _____	_____	_____	5. _____	3. _____	_____	_____	6. _____
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29. 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.