

(To be filled out by parents)

DAY CAMP

Please return by May 1st 23970 N. Elm Road, Lincolnshire, IL 60069 phone (847) 634-3168 fax (847) 634-8262

All information is confidential between our directors, head staff, nurse and your child's counselor. The more we know about your child, the more we are able to help them with a successful camp experience. Please repeat any information you may have given the office verbally. *Feel free to contact us or send a separate note if there is information that you do not want made available to staff above.*

Camper's full name:	Date of birth:
Nickname/name camper prefers:	Grade next fall:
Name of school:	
Parent name(s):	Married 🗌 Divorced 🗌 Separated
Has your child been to camp before? Yes No If yes	, where: #of years:
What do you hope your child gains from their camp experience?	
How does your child feel about spending the summer/most looking forward to at Tamarak?	
Any concerns your child may have with starting camp?	
Does your camper make friends easily/do you have any social concerns?	
What expectations do you have for your child's counselor?	
Does your child have any health concerns we should be av	vare of? Yes No
If yes, please describe:	
Does your child have any physical, emotional or behavioral considerations? 🗌 Yes 🗌 No	
If yes, please describe:	
Does your child receive outside therapy for any special needs? (OT, speech, behavioral, etc.) If yes, please describe:	
Will your child continue to receive these services during the	
What would it look like if your child is feeling anxious?	
Does your child have any fears? Yes No If yes, what are they and how do you handle them at home?	
Has your child or family dealt with significant issues in the past year that you would like us to be aware?	
Tell us about your child's school experience this past year:	
Please list any additional information that you feel will help us provide a positive camp experience.	