



Administrative Camp Director:
Alisa Zitofsky
Wee Friends Camp & School Director
Linda Zryb



Forever Friends

**CAMP PERSONAL INFORMATION FORM
(CONFIDENTIAL)**

Not all questions apply to every child but any information you can supply us with may help us guide your child to a healthy, happy, and productive camp season.

Name _____ Gender _____ Age/Grade _____ Birthdate _____

Address _____ Telephone _____

Parent's Name _____ Occupation _____

Parent's Name _____ Occupation _____

Family's Special Interests _____

Siblings:

Name	Age/Grade

Social Skills: Does child usually interact well with other his/her peers? _____

Special Interests: _____

Specific Allergies: _____

Does your child receive any spec ed services: IEP? 504? Counseling? (circle & explain)

Please state reason for services:

Dates/Grade of services: _____

Emotional: What past experiences have upset your child? (underline and explain)

Divorce / illness /
hospitalization _____

Any other information that you feel we should know to have a better understanding of your child.
