

## Camp Ekon Camper Profile

### To be filled in by PARENT or GUARDIAN and sent to the Camp Office

Co-operation and confidentiality between parents and camp staff contribute greatly to a positive experience for each camper. Please be thorough and conscientious in completing this form. If enough space is not provided for a particular response, please use extra paper. The more we know about your child, the better leadership and experience we can provide.

Child's Full Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Camp Session \_\_\_\_\_

Is the camper living at home? \_\_\_  
 If yes, \_\_\_ with both parents \_\_\_ Mother only  
 \_\_\_ Father only \_\_\_ With Guardian \_\_\_ Other (specify) \_\_\_\_\_

Are there custody arrangements and/or issues of which we should be aware?  
 \_\_\_\_\_

Do they have any siblings? (Names and ages) \_\_\_\_\_

Do they attend EKON? \_\_\_ Will they be at camp during the same session? \_\_\_

Camper's attitude toward camp: Enthusiastic \_\_\_ Interested \_\_\_ Indifferent \_\_\_

If it is their first summer at Ekon, are they: Excited \_\_\_ Nervous \_\_\_ Scared \_\_\_

Previous camping experiences (EKON included): Years \_\_\_\_\_

Name(s) of camp(s) \_\_\_\_\_

Other experiences away from home: \_\_\_\_\_

Was the experience satisfactory (EKON and elsewhere)? \_\_\_\_\_ If not, why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Camper's chief interests and/or responsibilities around the home \_\_\_\_\_  
 \_\_\_\_\_

Do they have a morning and bedtime routine? If so, what does it entail? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hobbies, extra curricular activities, member of team(s)? Please specify. \_\_\_\_\_  
 \_\_\_\_\_

Physical co-ordination: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

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Adjusts to contemporaries: Very easily \_\_\_\_\_ Easily \_\_\_\_\_ With difficulty \_\_\_\_\_

Adapts to new situations: Very easily \_\_\_\_\_ Easily \_\_\_\_\_ With difficulty \_\_\_\_\_

Expresses self verbally? Well \_\_\_\_\_ Fairly well \_\_\_\_\_ Not well \_\_\_\_\_

How does your child respond to stress? (e.g. does he/she withdraw, become aggressive, cry)

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What is effective in helping him/her? \_\_\_\_\_

Is your child apprehensive about being away from home? \_\_\_\_\_ Have they ever been homesick? \_\_\_\_\_

What is effective in helping him/her? \_\_\_\_\_

Any fears or dislikes? \_\_\_\_\_

Is the camper a bed-wetter? \_\_\_\_\_ If yes: Rarely \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_

Any physical challenges (eg. Injuries, new diagnoses) since registration? \_\_\_\_\_ Please explain \_\_\_\_\_

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Swimming ability: Non-swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Advanced \_\_\_\_\_

Do you and your child have special expectations for camp this summer? Please elaborate:

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Is there anything else you wish to share with us about your child that will help us understand his/her needs and provide, wholeheartedly, for his/her well being? (Please feel free to write on a separate sheet as necessary.)

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### Confidentiality Agreement

In signing this document, I give permission for this information to be shared with anyone on the Camp Ekon staff who is responsible for my child's health, safety and well-being.

\_\_\_\_\_  
Signature of parent or guardian