

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? _____

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Hobbies, extracurricular activities, member of team(s)?

Please specify. _____

Physical co-ordination: Excellent _____ Good _____ Fair _____ Poor _____

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)

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 (e.g., Injuries, new diagnoses) since registration? _____ Please explain

Swimming ability: non-swimmer _____ Beginner _____ Advanced _____

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

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.)

Confidentiality Agreement

Session/Year _____

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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