

Camp Tamarack
Parent Form

Date Completed: _____

The following information is requested to allow us to assess your child's levels of functioning. Your accurate, complete answers are very important to our decision-making regarding camper acceptance. From the information that you give us we can develop an individualized program for your child and have a better understanding of his or her habits and needs while at camp.

I. General Background Information

Child's Full Name: _____

Name child uses: _____ **Sex:** male _____ female _____

Date of birth: _____ **Hospitalization #** _____

Last Swimming Level Completed: _____ **T-shirt size:** Youth S M L XL **Adult** XS S M L XL XXL

Father's name: _____

Address: _____
_____ **Postal Code** _____

Home Phone: _____ **Cell Phone:** _____

Business Phone: _____ **E-Mail:** _____

Mother's name: _____

Address (if different from above): _____
_____ **Postal Code** _____

Home Phone: _____ **Cell Phone:** _____

Business Phone: _____ **E-Mail:** _____

If you will be at a different location while your child is at camp, please provide us with an alternate address and phone number where you may be reached.

Address: _____
_____ **Postal Code** _____

Phone Number: _____

Alternate Contact Person in Case of Emergency:

Name: _____ **Phone Number:** _____

Relationship to Child: _____

Please list other family members in child's household (include age of siblings):

Please indicate how true each of the following statements are about your child.

This child:	Always True	True most of the time	Sometimes True	Hardly ever True	Not at all True
1. Goes willingly and happily to school	1	2	3	4	5
2. Is reliable	1	2	3	4	5
3. Has a sense of humor	1	2	3	4	5
4. Has imaginary friends	1	2	3	4	5
5. Would rather be alone than with others	1	2	3	4	5
6. Plays with friends that are the same age	1	2	3	4	5
7. Plays with friends that are much younger	1	2	3	4	5
8. Plays with friends that are much older	1	2	3	4	5
9. Gets teased a lot	1	2	3	4	5
10. Argues or starts fights a lot	1	2	3	4	5
11. Is mean or cruel to others	1	2	3	4	5
12. Destroys property of others	1	2	3	4	5
13. Uses profane language	1	2	3	4	5
14. Lies (to parents, siblings, friends)	1	2	3	4	5
15. Steals (from parents, siblings, friends)	1	2	3	4	5
16. Has temper tantrums or a hot temper	1	2	3	4	5
17. Is stubborn	1	2	3	4	5
18. Can't sit still, is restless or hyperactive	1	2	3	4	5
19. Is irritable	1	2	3	4	5
20. Is disobedient	1	2	3	4	5
21. Complains of loneliness	1	2	3	4	5
22. Does not feel remorse after misbehaving	1	2	3	4	5
23. Is easily jealous of others	1	2	3	4	5
22. Has run away from home	1	2	3	4	5
25. Has suicidal thoughts	1	2	3	4	5
26. Sets fires	1	2	3	4	5
27. Appears confused at times (specify: _____)	1	2	3	4	5
28. Is accident prone	1	2	3	4	5
29. Is shy or anxious around people	1	2	3	4	5
30. Is a perfectionist	1	2	3	4	5
31. Worries a lot	1	2	3	4	5
32. Requires a lot of attention	1	2	3	4	5
33. Is easily embarrassed	1	2	3	4	5
34. Has excessive or unusual fears (specify: _____)	1	2	3	4	5
35. Does not eat well	1	2	3	4	5
36. Tires easily	1	2	3	4	5
37. Is a light sleeper	1	2	3	4	5
38. Requires a lot of sleep	1	2	3	4	5
39. Talks in sleep	1	2	3	4	5
40. Sleepwalks	1	2	3	4	5
41. Wets the bed	1	2	3	4	5

Does your child participate in any extracurricular activities? If so, please list these activities below:

Please answer the following questions.

A. Describe how you see your child's problems.

B. How do you discipline your child?

C. How does your child respond to discipline?

D. Does your child have any responsibilities at home? Please describe.

E. List any special considerations your child may require while at camp.

F. Describe your expectations of Camp Tamarack.

G. Please add any other important information on a separate piece of paper.