



# Habonim Dror Camp Gilboa

22622 Vanowen Street, West Hills, California. 91307 • (818)464-3224

## Camper Information Form (to be filled out by the parent or guardian)

In order to provide the best camp experience possible, we would like to get to know your camper before s/he arrives at camp this summer. **Please complete both sides of this form and send it to the address above as soon as possible.**

Camper Name \_\_\_\_\_ Session \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade in the Fall \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Brothers/Sisters and ages \_\_\_\_\_

Camper lives with \_\_\_\_\_

Generally speaking, tell us about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What extra-curricular activities does your child participate in? \_\_\_\_\_

\_\_\_\_\_

How does your child spend his/her free time? \_\_\_\_\_

\_\_\_\_\_

In what activities does your child excel? \_\_\_\_\_

\_\_\_\_\_

In what activities does your child have difficulty? \_\_\_\_\_

\_\_\_\_\_

Has your child been away from home before? \_\_\_\_\_ How long? \_\_\_\_\_

Was he or she home-sick? \_\_\_\_\_ What helped? \_\_\_\_\_

\_\_\_\_\_

Is your child shy? \_\_\_\_\_ What helps? \_\_\_\_\_

\_\_\_\_\_

What, if anything is your child afraid of? \_\_\_\_\_

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What makes your child angry? \_\_\_\_\_

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What soothes your child's anger? \_\_\_\_\_

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How does your child follow directions? \_\_\_\_\_

If there is difficulty, any suggestions? \_\_\_\_\_

Please check off if your child has a history of the following and explain:

\_\_\_\_\_ Trouble sleeping      \_\_\_\_\_ Walking/talking while asleep      \_\_\_\_\_ Bedwetting

\_\_\_\_\_ Food problems      \_\_\_\_\_ Behavioral problems      \_\_\_\_\_ Learning disability

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Is your child under the care of a therapist or psychologist? \_\_\_\_\_

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Are there any family issues that the camp should be aware of? \_\_\_\_\_

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Please tell us anything else that your child's counselors should know about your child before he/she arrives at camp to help make the summer a great experience!

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*If you expect to be away from your residence during part of or all of you child's stay at camp, it is essential that we know when and where you can be reached.*

I (we) expect to be away from home on the following dates: \_\_\_\_\_

I (we) can be reached at: \_\_\_\_\_

If I (we) am (are) not accessible, please contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

If it becomes necessary for my child to leave camp, I (we) give permission for him/her to be released to: \_\_\_\_\_

Name		Relationship
Completed by _____	_____	Date _____
mother	father	guardian