



**Administrative Camp Director:**  
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**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.

\_\_\_\_\_