

Personal Profile

Summer of 2010



P.O. Box 34
Merrick, NY 11566
516-620-4300
Fax 516-620-4329

Please complete and return this form to the camp office as soon as possible. The contents of this form will be held in the strictest confidence and will be used only as a guide and reference for your child's counselor and divisional director. Please provide as much information as possible so that we may ensure the most appropriate environment in which your child can thrive. Failure to disclose any physical, psychological, or medical condition or required medication could result in the dismissal of your child from camp.

Please make sure your camper's name appears on *each* page. This helps us in case pages become separated from each other.

Child's name..... Age as of July 1, 2010

Nickname child prefers friends to use (if any)

Date of birth School grade entering in September 2010

Parents' marital status Child resides with
(mother, father, stepparents, siblings [give number of siblings], etc.)

If divorced or legally separated, who has custody?.....

To whom may your child be released?

Court papers on file with Coleman Family Camps? Yes No
We can only honor visitation restrictions if a copy of the court order is on file in the camp office.

Camp(s) child attended in the last year:
(Check all that apply) Coleman Country
 Other (Please specify).....

Sibling(s) in Coleman Country Day Camp and ages.....

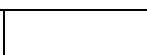
Sibling(s) not in Coleman Country Day Camp and ages.....

Briefly describe your child's previous camp experience(s).....
.....

Briefly describe your own camp experience(s).....
.....

Please complete all four pages of this form.

Office Use Only. Please do not place any marks inside this box.



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Child's Name

Activity restrictions (if any)

.....

Hobbies and interests

.....

Sports preferences or favorite camp activities

.....

What are some of your child's recent successes?

.....

.....

Allergies

.....

Special dietary instructions / eating habits

.....

Any eating disorder or concern about one?

.....

Chronic or recurring injuries or illnesses

.....

Special developmental needs or learning disabilities

.....

Daily medication, excluding vitamins

This information is for the counselor only and does not replace information given on the Health Form and Physician's Report.

Anticipated changes in medication for the summer?

(It is strongly recommended that medication changes be avoided during the camp stay. The American Academy of Pediatrics advises against "medication vacations" during the summer.)

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Child's Name

Has your child had psychological counseling? Yes No When? Currently?

If yes, how long/ please explain

Does your child have any expectations or concerns about camp?

Do you have any expectations or concerns about camp?

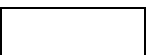
Is there a recent or anticipated family change that might affect your child?

What kinds of difficulties, if any, are counselors most likely to have with your child and how should they be handled?

Please identify your specific goals/hopes for your child this summer. These may include physical skill areas such as swimming, horseback riding, or arts and crafts, as well as emotional skill areas like self-confidence, cooperation, and resilience - or personal achievements such as re-inventing themselves by replacing negative labels about themselves.

What are your child's goals/hopes/dreams for her/himself?

What consequences do you use when it is necessary to discipline your child?



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Child's Name

Is your child modest (prefers privacy while dressing, etc.)? Explain.

.....

Does your child have any fears of which we should be aware? (storms, the dark, noises, roller coasters, etc.)

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Please describe social and/or behavioral issues/ past experiences that will help us know your child better?

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What have we not asked that will help us provide your child with the best possible camp experience?

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Form completed by

Signature

Relationship to camper Date.....

For Coleman Country Day Camp staff use only:

Director has reviewed this profile

Counselor has reviewed this profile

Counselor's signature Date.....