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ibs@camp
discovery.
com**

**DISCOVERY DAY CAMP, INC.
P.O. BOX 753
LINCOLNSHIRE, IL 60069
(847) 367-2267 or Fax (847) 367- 4202
Email: ibs@campdiscovery.com**

FUTURE LEADER'S NAME _____ HOME PHONE _____

DATE OF BIRTH _____ GRADE FALL '11 _____ SCHOOL FOR FALL '11 _____

Best adult email address(es) for communication from camp: _____

Best FL email address for communication from camp: _____

CAMPER INFORMATION FORM

The purpose of this form is to introduce your camper to our staff members. It is important that we understand your camper's individual needs, the reasons your family has chosen Discovery, and the goals you and your Future Leader have for the experience. Many of this year's Future Leaders are returning campers, others we don't know. Adolescents change and we want to know your child as of 2011! We realize that some questions require personal information. The more information that you give us, the better prepared we will be to serve your camper. Please fill this out with your FL's (Future Leader) so that we know how parent and camper feel.

Feel free to contact us, or to send a separate note if there is information that you do not want made available to the general staff.

1. What is your camper looking forward to at camp?
2. What would you like your camper to gain from camp this summer?
3. What are your camper's special interests or skills?
4. Does your camper have any fear that will affect their experience? If so, what are the fears and how can we help?
5. How does your camper handle new situations?
6. Campers, do you think that you are shy? Outgoing? Are you different in different situations? How so?
7. List the last American Red Cross Swim level that you passed. Would you like to work on strokes or beginning life guarding skills? What do you want out of your swim periods?

Camper:

8. Camp is a time for people to grow socially and physically. Please list a few specific (but realistic) measurable goals for camp. Campers have more fun and feel successful if they achieve goals.
 - A.
 - B.
 - C.
 - D.
9. Do you have any special requests? Please give any additional information that would help us to understand the Future Leader. (Use additional space if needed)
10. Please identify any special adaptations or accommodations necessary to assist the Future Leader in participating fully at camp.

PROGRAM

The FL program is partially planned. There is still time to give your input (especially if you return this form quickly). Please list some ideas for the following points (email more if you have more ideas)

1. What field trips would your FL like to take?
2. Do you have ideas for service projects that you would like to have as part of the program?
3. Would your FL be interested in performing in skits or songs in front of the camp?
4. Would your FL to write skits or songs to perform?
5. What kinds of on grounds activities would your FL like to participate in?
6. When FL help at camp, what assignment would be most interesting?

7. Describe your FL's experience working with younger children?

8. Other ideas?

FAMILY

1. Family composition is ever changing. The Discovery staff wants to use correct names and addresses.
 - a. If camper's parents live at separate addresses, please check here. ____ yes ____ no.
 - b. Should mailings to go to both addresses? ____ yes ____ no. (If yes, please give second address and phone number)
 - c. Does the camper have a stepparent? If so, please list that person's full name and the name that your camper calls him/her:
2. Who lives in your home? (Include mothers, fathers, siblings, grandparents, housekeeper, nanny, step-siblings and pets)
3. List siblings' names and ages.
4. Is your camper particularly close to anyone who is not living in your home (e.g., grandparent, babysitter, family friend)? If so, who? Please explain.
5. Is anything happening at school or at home which the Discovery Day Camp staff should be aware of at this time? (Please include new babies, divorce, moving, illness of a family member, death, long-term visit of relatives, school concerns, etc.)
6. Have there been incidents with family or school which camp should be aware of at this time? Please explain.

HEALTH

1. Is your child on any medication? Please list medications that he might take during the camp season (e.g., antihistamines, asthma medications, lactose intolerance medications, Ritalin). Additionally, please let us know if your Future Leader is on medication during the school year, but taken off for the summer. Please list any side effects to the drug.
2. Do you need to keep this medication at camp? If medicine is to be kept at camp, and/or administered here, please be sure to list the appropriate information here. If camp is to administer a prescription drug, a doctor's note is necessary. The signed doctor's medical form will serve, if the medication is listed. Remember: all medication must be administered by a health aide from the office. (If your child will have an EpiPen at camp or is highly allergic, please contact us for the Allergy Action Plan) (ibs@campdiscovery.com).
3. Does your camper have allergies or asthma? Which? How should these conditions be treated at camp?
4. Does your Future Leader have any dietary restrictions? If so, what? Is the camper responsible about these restrictions?
5. Does your camper have any emotional concerns? Please give us information about these.
6. Does your camper have any physical limitations of which we should be conscious?

Parent's signature _____

Date _____

Future Leader's signature _____

Date _____

Please send or call with any additional information that you think will help us to understand your camper.