



## Camp Tamarack Parent Form

Date Completed: \_\_\_\_\_

We ask you to provide the following information to allow us to assess your Child's level of functioning. Accurate, complete answers are vitally important with regard to camper acceptance. Information that you provide for us helps us an individualized program for your Child and have a better understanding of their habits and needs while at camp.

### General Background Information

Child's Full Name: \_\_\_\_\_

Name Child uses: \_\_\_\_\_ Sex: male  female

Date of birth: \_\_\_\_\_ Hospitalization # \_\_\_\_\_

Last Swimming Level Completed: \_\_\_\_\_ Resides with: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please note: 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 is 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	1	2	3	4	5
(specify: _____ )					
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	1	2	3	4	5
(specify: _____ )					
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.