

# Personal Profile

Summer of 2010



P.O. Box 1143  
Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002

Please complete and return this form to the camp office by April 15. 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. Please provide as much information as possible so that we may provide the most appropriate environment in which your child can thrive. Failure to disclose any physical, psychological, or medical condition or required medication may 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 Camp Echo?  Yes  No

We can only honor visitation restrictions if a copy of the court order is on file in the camp office.

Camps child attended last year:

(Check all that apply)  Camp Echo – This will be his/her \_\_\_ year  Other

.....

Sibling(s) at Camp Echo and ages.....

Sibling(s) not at Camp Echo camps and ages .....  
(specify camp[s])

Does your child have any sleeping habits of which we should be aware (sleepwalking, sleep difficulties, nightmares, restlessness, bedwetting, etc?)

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Does your child have his or her own bedroom?  Yes  No

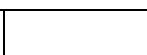
Does your child have his or her own bathroom?  Yes  No

Has camper been away from home more than 5 consecutive days? ..... Did he/she adjust well? .....

If no, please explain .....

**Please complete all four pages of this form.**

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



Large empty rectangular box for office use.

**Child's Name** .....

Activity restrictions (if any) .....

.....

Hobbies and interests .....

.....

Sports preferences or favorite camp activities .....

.....

What specific responsibilities (household duties, part-time job, etc.) does your child have to the home and family? Please describe: .....

.....

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 Medical 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.)

**Child's Name** .....

Has your child had psychological counseling?  Yes  No How long? ..... Currently? .....

If yes, 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?

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.....

Please identify your specific goals for your child this summer. Goals 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.

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

.....

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

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.....

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**Child's Name** .....

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

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

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Are there social and/or behavioral issues that will help us know your child better?

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Is there anything else you'd like your child's counselor to know about him or her?

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Form completed by .....

Signature

Relationship to camper ..... Date.....

**For Camp Echo staff use only:**

Director has reviewed this profile

Counselor has reviewed this profile

Counselor's signature ..... Date.....