



Please attach
a photo of
camper here.

CHILD'S PROFILE

This form will be reviewed by your child's counselor prior to the program.

Child's Name _____
Last First Middle Initial

Sex: M _____ F _____ Age _____ Birthdate _____

Does your child have special fears, emotional or behavioral problems? If so, please explain.

How do you deal with the behavioral problems _____

Has your child been away from home, without parents, for more than 3 days? _____

Sleep habits: Light _____ Heavy _____ Sleepwalker _____ Nightmares _____ Bedwetting _____

If so, how is this handled at home? _____

Does your child wear: glasses _____ contacts _____ hearing aid _____ retainer _____ other _____

Description of Symptoms

Motor & Vocal Tics _____

Obsessive - Compulsive Symptoms _____

Attention-deficit-hyperactivity disorder symptoms _____

What interventions work best to help your child gain control? _____

Does your child have any other special needs that would be helpful for the counselor to know? _____
