



# CAMP TÉKAKWITHA

## INFORMATION FORM 2008

N.B: Please fill out and return this questionnaire within 10 days of receipt. In order to shorten the format of the text, the use of masculin is to identify both genders.

To ensure that your child's stay with us is profitable as possible, please fill out this form as best as you can. The information contained herein is strictly confidential and will serve us only to better know your child.

Your child is registered as :  camper       pioneer

Which session ? \_\_\_\_\_


### SEASON 2008

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Language: French? \_\_\_\_\_ Fluent \_\_\_\_\_ Basic \_\_\_\_\_ English? \_\_\_\_\_

Name and 1<sup>st</sup> name of father: \_\_\_\_\_ Occupation : \_\_\_\_\_

Father's address: \_\_\_\_\_

Father's phone (Home): (\_\_\_\_) \_\_\_\_\_ (Office): (\_\_\_\_) \_\_\_\_\_

Name and 1<sup>st</sup> name of mother: \_\_\_\_\_ Occupation : \_\_\_\_\_

Mother's address: \_\_\_\_\_

Mother's phone (Home):(\_\_\_\_) \_\_\_\_\_ (Office): (\_\_\_\_) \_\_\_\_\_

### Very important

Is there another location where you can be reached during your child stay in camp ?  
(address and phone)

\_\_\_\_\_

Phone number of another person in case of emergency : (\_\_\_\_) \_\_\_\_\_

Family life

# of brothers: \_\_\_\_\_ Their age: \_\_\_\_\_ # of sisters: \_\_\_\_\_ Their age: \_\_\_\_\_

Rank of camper in the family: \_\_\_\_\_

Relationship of the camper with brothers and sisters: \_\_\_\_\_

Relationship between the camper and father: \_\_\_\_\_

Relationship between the camper and mother: \_\_\_\_\_

Character – Social life

With his friend, is he:  a natural leader ;  
 a follower ;  
 demonstrative ;  
 drudge?

Explain, if necessary : \_\_\_\_\_

Does he have :  many friends ;  
 some friends ;  
 no friends?

Explain, if necessary : \_\_\_\_\_

How old are his friends ?:  same age ;  
 older ;  
 younger?

Explain, if necessary : \_\_\_\_\_

What is his best quality? \_\_\_\_\_

What is his worst? \_\_\_\_\_

**Has he experienced any serious shocks over the last 2 years?** (Ex: death, school problem, separation, divorce, serious illness, alcoholism, etc.) **if yes, please give explanations.** (We reiterate that all information is strictly for the use of the Camp and will remain confidential)

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Intellectual / sports activities

School year ending in June: \_\_\_\_\_

School attended: \_\_\_\_\_

Do you want to underline anything specific concerning his behavior at school?

\_\_\_\_\_

Does he read :       a lot ;       a little ;       not at all?

What type of reading does he prefer? \_\_\_\_\_

What are his favorite activities? (sports, hollys etc.) \_\_\_\_\_

Does he speak French \_\_\_\_\_

Religion

What Church or religious community does your child belong?

\_\_\_\_\_

Health

Does the camper have any physical disability apparent or not? \_\_\_\_\_

Is he in perfect physical shape? \_\_\_\_\_

Food allergies or other allergies to look for : \_\_\_\_\_

Are there any precautions to take? \_\_\_\_\_

Do you have something to underline concerning his present state of health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note that we are not a “peanut free” camp.**

Important questions for the Camp

Does he have fears? (water, blackness, animals etc.) \_\_\_\_\_

Has he ever attended a summer camp?  yes  no

Which ? \_\_\_\_\_ When ? \_\_\_\_\_

Does he look forward to coming to Camp Tékakwitha?  no  a little  a lot

How did you learn about the Camp?

Check "THE" main reason (one choice)

Family  next of kin  friends  publicity at school

radio  T.V.  promotional video  summer camps directory

foire des camps de Québec  foire des camps de Montréal

Internet  others : \_\_\_\_\_

Other means (multiple choices)

Family  kin of next  friends  publicity at school

radio  T.V.  promotional video  summer camps directory

foire des camps de Québec  foire des camps de Montréal

Internet  others : \_\_\_\_\_

## **IMPORTANT**

Take good note that any drug possession or consumption may result in an expulsion of children in fault.

Parents signature: \_\_\_\_\_

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