



INFORMATION FORM – Summer of 2009

Please fill out and return these sheets within 10 days of receipt. For sake of expediency, the male form is used for both genders. To ensure that your child's stay with us is as enjoyable as possible, please answer all questions. The information contained herein is strictly confidential and allows us to better understand your child.

Your child is **registered as a** : Camper Pioneer

Which **session**? _____

Last name: _____ First name: _____

Age: _____ Date of birth: (day/month/year) ____/____/____

How are his **French skills** (speaking and understanding it)? Please be as specific as possible:

Name and surname of **father**: _____ Occupation: _____

Father's **address**: _____

Father's **phone number** (Home): (____) _____ (Work): (____) _____

Name and surname of **mother**: _____ Occupation: _____

Mother's **address**: _____

Mother's **phone number** (Home) :(____) _____ (Work): (____) _____

very important

Is there **another location** where you can be reached during your child's stay at the camp?
(Address and phone number)

Phone number of another person **in case of emergency**: (____) _____

Family life

Number of **brothers**: _____ Their age: _____ Number of **sisters**: _____ Their age: _____

Rank of camper within the siblings: _____

How is his relationship with his **siblings**: _____

How is the relationship between the **camper and his father**:

How is the relationship between the **camper and his mother**:

Character – Social life

With his friend, he is:

- A leader Reasoned Easy influenced A scapegoat

Explain if necessary: _____

My child normally manages his conflicts with his friends:

- By discussing By sulking Ignoring the conflict With aggressiveness (words /actions)

Explain if necessary : _____

He has:

- Many friends Some friends No friends

Explain if necessary: _____

His friends are:

- Same age Older Younger

Explain if necessary: _____

What is his **best quality**? _____

What is his **worst**? _____

Intellectual / sports activities

School attended: _____

Targeted level of schooling at the end of June: _____

Generally, how do the **professors of your child describe him?**

What is his **favorite subject** at school? _____

What are his **favorite activities** outside of school? _____

Religion

What **Church or religious community** does your child belong to?

Health

How is his **physical shape?**

Does he have any **physical disability, visible or not?**

Does he have **food allergies or other types of allergies** we should be aware of?

If he does have allergies, are there any **precautions to take?**

Please note that we are not a "peanut free" camp.

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

important questions for his well being at camp

Does he have **fears**? (Water, the dark, animals, etc.)

Has he **ever attended a summer camp**? Yes No

If yes, which one? _____ When? _____

Does **he look forward** to coming to Camp Tékakwitha? No A little A lot

Has he experienced any **negative events over the last 2 years**? (Ex: death, school problems, separation, divorce, serious illness, alcoholism, etc.) If yes, please expand on them. Your answers could help us to tailor any possible intervention we may do during his s at the camp.

How did you learn about the Camp?

Check "THE" main reason.

- 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
- Other: _____

IMPORTANT

Be forewarned that any child caught possessing or consuming drugs or cigarettes could be expelled.

Also, mobile phones or any other type of electronic devices are prohibited and will be confiscated. No exceptions of any kind will be permitted during your child's stay.

Parents signature: _____

Date: _____