

CONFIDENTIAL INFORMATION FOR YOUR CHILD'S COUNSELOR

Sky Lodge Christian Camp, N4855 County Road Y, Montello, WI 53949
 Phone 608-297-2566 Fax 608-297-7080 E-mail: skylodgecamp@gmail.com Web Site: www.skylodge.org

- Session(s) Attending:** Junior Camp Young Teen Camp
 Equestrian 1 Equestrian 2 Equestrian 3 Equestrian Camp 4
 Cowgirl 1 Cowgirl 2 Adventure Camp Guy Stuff Camp

Name _____ Grade in Fall '22 _____

Date of Birth _____ Age _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

- Persons in the home Father Mother Step-father Step-mother Brothers Sisters
 Others _____

Has your child been away from home more than two days? _____ A week? _____

Child's responsibilities at home _____

- Child makes friends with children: Own age Younger Older

- Child takes a long time making friends: Yes No

Church or youth group child attends _____

What experiences would you like your child to have at camp? _____

What does your child want to receive from his/her camp experience? _____

	1 Hardly Ever	2	3 Some of the time	4	5 Almost all of the time
Finishes what he starts					
Listens to instructions					
Team work					
Moody					
Tends to lead					
Positive attitude					
Teases others					
Obeys rules					

- Sleep Habits: Light sleeper Heavy sleeper Bed wetter Sleepwalker Nightmares

Food or activity restrictions _____

Special needs or comments: (Please be detailed. The counselor will not see the nurse's medical history form. Please tell us if there are medical concerns below. Write on the back or attach an extra sheet if needed.)

Check if more info is written on the back of this form.