

# 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 '24 \_\_\_\_\_

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.**