

Circle: Session 1 June 14-20 Session 2 June 21-July 3 Session 3 July 6-18 Session 4 July 20-August 1 Session 5 August 3-15

Circle: Pathfinders Main Camp TYC Voyagers Explorers Rangers LIT CIT Trip: _____

McGaw YMCA Camp Echo Personal History Form

Please complete in full and return at least **four weeks prior to** your child's camping experience to:
McGaw YMCA, Program Support Office, 1000 Grove Street, Evanston, IL 60201.

This information is shared with the camp's Social Worker and your child's counselor(s) just prior to the start of camp.

Camper's Name _____ Nickname _____ Circle: Male Female

Age upon arrival at camp _____ Birth Date _____ Circle → → **YES** if the birthday occurs during camp

In the fall, the camper will enter grade _____ at _____ in _____
name of school city, state

Names/ages of brothers _____ sisters _____

List the primary care-giving adults involved in the camper's life -- **mother(s), father(s), stepmother(s), stepfather(s)**

1. Name _____ **m f sm sf** Occupation/Employer _____

2. Name _____ **m f sm sf** Occupation/Employer _____

3. Name _____ **m f sm sf** Occupation/Employer _____

4. Name _____ **m f sm sf** Occupation/Employer _____

To whom should the "**Parent Letter**" be written and mailed? (*counselors write **one** letter unless you request otherwise here*)

[1] To (circle, refer to #s above) 1 2 3 4 Address: _____

[2] To (circle, refer to #s above) 1 2 3 4 Address: _____

Is the camper normally healthy? _____ If not, describe his/her health _____

If you answered "yes" to question 6, 7, or 8 on the back of the Health Form, re-list the conditions and restrictions here:

If you answered "yes" to question 9 on the back of the Health Form, list the reason here _____ and attach a copy of the management plan and behavior the staff should look for that you will attach to the Health Form.

List fears that might impact on camp life (dark, water, animals, etc.) _____

Camper's swimming ability: (circle one) Non-Swimmer Fair Swimmer Good Swimmer

PLEASE COMPLETE WITH YOUR CAMPER

Has the camper had any prior camp/trip experience (Echo or other)? _____ If yes, what camps/trips and for how many years?

If no camp experience: Has the camper spent nights away from home and/or parents? _____ If yes, where, for how long?

Camper's interests, hobbies, and school activities _____

Please list three goals you have for your child while at camp

(1) _____

(2) _____

(3) _____

What does the camper want to learn at camp?

(1) _____

(2) _____

(3) _____

Are there any camp activities in which you do not wish your child to participate? _____

See Other Side

