CAMP OF THE RISING SON
at
FRENCH CAMP ACADEMY

444 Lake Rd. French Camp, MS 39745 662-547-6169 info@campoftherisingson.com

Confidential Form

Camper: _____/_____
Last Name First Name Preferred Name

Check if applicable:
☐ Parents married ☐ Parents separated ☐ Parents divorced Custody: ☐ Joint ☐ Mom ☐ Dad
☐ Parent deceased ☐ Adopted child ☐ Foster child

Who lives at home?
☐ Father Name: _____
☐ Mother Name: _____
☐ Brothers # _____ Ages_____ ☐ Sisters # _____ Ages _____
☐ Others Who? _____

Religious Affiliation: _____ Denomination: _____

Church Attended: _____

Does your child have other siblings or family members at camp this week? no ___ yes_____

Interests, hobbies, and clubs: _____

What are the most effective means of motivating your child?_____
_____

Makes friends easily with	peers	younger kids	older kids	adults
Health:	robust	normal	below average	special need

Details:_____

Sleep habits:	light	heavy	sleepwalks	nightmares	bed wetter

Special fears: (if any)_____
Eating Habits:_____
_____

Has your child ever experienced homesickness? yes ____ no_____
What is the best means of comforting/encouraging him/her? _____
_____

Are there any special situations going on with your child? (ex. Recent death in the family, broken friendships, etc.)
_____
_____

Any other information that would help improve your child's camp experience: (continue on back if necessary)
_____
_____