

CAMP OF THE RISING SON

at

FRENCH CAMP ACADEMY

444 Lake Rd. French Camp, MS 39745

662-547-6169

info@campoftherisingson.com

Confidential Form 2024

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 (if applicable): _____

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

Are there any aspects of camp your child has potential concerns about? – (special fears/anxieties, fitting in, getting sick or hurt, etc): _____

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, mental health concerns, etc.) _____

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



A Ministry of French Camp Academy