

444 Lake Rd. French Camp, MS 39745

662-547-6169

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## **Confidential Form 2022**

Camper:				/	
La	st Name First		me	Preferred Name	
Check if applicable:  ☐ Parents married	☐ <b>F</b>	Parents separated	☐ Parents divorced	Custody: ☐ Joint ☐ Mon	n □ Dad
$\ \square$ Parent deceased		Adopted child	☐ Foster child		
Who lives at home?  ☐ Father Name:					
☐ Mother Name:					
☐ Brothers #	_ Ages			Ages	
☐ Others Who?					
Religious Affiliation:		Denomina	ation:		
Church Attended (if	applicable)	:			
Does your child have other siblings or family members at camp this week? no yes					
Interests, hobbies, a	nd clubs: _				
What are the most e	ffective me	eans of motivating you	r child?		
Makes friends easily	with	peers	younger ki	ds older kids	adults
Health:		robust	normal	below average	special need
Details:					
Sleep habits:	to of oomn	light	heavy sleepwalk	•	bed wetter
	=	your crilia has potentia		(special fears/anxieties, fitti	ing in, getting
<u> </u>		ed homesickness? yes			
What is the best me	ans of com	forting/encouraging hi	m/her?		
-		s going on with your ch	nild? (ex. Recent deat	h in the family, broken frien	dships, mental
health concerns, etc	.)				
Any other informatio	n that wou	ld help improve your c	hild's camp experiend	ce: (continue on back if ned	cessary)





