

Attach a  
Recent  
Photograph  
(If  
Available)

**“Get Acquainted Form”—this form is important for preparing for your campers arrival**

**PLEASE return THIS FORM ASAP**

**If mailing, do not include health form, MAIL ONLY THIS FORM TO:**

“My Counselor”  
Event #”10???”  
Camp Aldersgate  
3276 Dyewood Road  
Carrollton, Ohio 44615

**CAMPER INFORMATION- To be filled out by Camper**

Camper’s Name \_\_\_\_\_  
*FIRST LAST MIDDLE NICKNAME*

Camper’s Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Event # for the camp you are registered \_\_\_\_\_

Have you ever been to day camp? \_\_\_\_\_ Have you ever been to sleep away camp? \_\_\_\_\_

If you have been to sleep away camp, where? \_\_\_\_\_

What kind of hobbies do you enjoy? \_\_\_\_\_

How many siblings do you have? (What age are they?) \_\_\_\_\_

If you have the chance while at camp, would you like to sleep outside one night? \_\_\_\_\_

Would you say you prefer to be outside or inside? \_\_\_\_\_

Two things I fear the most are? \_\_\_\_\_

Would you say you are active sometimes, most of the time, all of the time? \_\_\_\_\_

What are you looking forward to at Camp? \_\_\_\_\_

What do you hope to learn about God and Jesus while at camp? \_\_\_\_\_

Camper, is there anything you want your counselor to know about you before you get here? \_\_\_\_\_

**Parent-Staff Information Form- To be filled out by Parent**  
**A Special Note Regarding Personal Information about Your Child**

Some parents are reluctant to share certain information with us because of a concern about confidentiality or stigmatizing their child. After all, camp can be a "fresh start," and some parents worry that by disclosing personal information, it may bias us against their child or lead us to misinterpret the information and refuse their child. In some cases parents have told us their child has sworn them to secrecy because they are too embarrassed and don't want anyone to know about things like bed wetting, a tic disorder, ADD, an IEP (individualized educational plan) they are on at school or a history of trauma or abuse. We understand and respect that concern. Having said that, let us tell you why we think it is better to share that concern with us.

**Our Partnership and Our Promise**

When you entrust your child to our care, we are sure you do it with one thing uppermost in your mind—that your son or daughter have the safest, happiest experience with us possible. We have the same goal. We want you to think of us as your partner in your child's well-being. We can keep our end of the partnership only if we have the information to prepare our medical staff or leadership team to ensure your child is well cared for and free to have the best experience of their life! There have been times when, because we didn't know a particular child's needs, we were unprepared or could not respond to their behavior properly and they were unable to remain at camp. The better prepared we are before camp the better we can help your child be successful once they are here.

Once you share information with us, our promise is to share it only with the people who will have direct contact with your child. This may be our medical staff, the Supervisor of the program and perhaps your child's cabin or group counselor. If you have any special concerns about confidentiality, please let us know so we can sort them out together. If your child is worried about privacy, reassure them that other campers will not know and only the adults who can help them will know. It would be a shame if decisions about confidential information were based on your child's fears. It is the adults who need to make these decisions based on what will be best for the child.

**Stimulant Medications and IEPs**

An increasing number of children are on medication for ADD/ADHD (Concerta, Ritalin, Dexedrine, Adderall, Strattera), depression or other psychological conditions. These medications allow a child to take advantage of all that a school environment has to offer. Camp is no different in this regard, but many prescribing physicians are not familiar with camp and may take a child off medication without knowing the full implications. If your child is on a psychotropic medication and you are planning to or have made a change in that medication any time up to six weeks before camp, please discuss it with us. While we would never make a decision without your doctor's input, we believe working together and planning ahead will ensure that your child will make a more successful transition to camp. Many times children at camp need their usual dosage or more, given that stimulants, for example, are often metabolized more quickly in warm weather or active children. Likewise, if your child is on an IEP, let us know so we can decide together whether having some kind of behavior plan here at camp would benefit your child.

**An Excellent Experience**

Working together is the best chance we have of helping your child have a safe, happy, memorable time at Aldersgate. Call us if you would like to discuss anything in greater detail or if you would feel more comfortable talking to us rather than putting it on paper.

**We look forward to hearing from you!**

**My child's name is:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**The following words describe my child's typical group behavior. (Circle as many as apply.)**

timid optimistic excited leader helpful frightened brave respectful follower honest  
happy thoughtful gentle energetic friendly open scared shy

**How does your child react when staying overnight away from parents, siblings, or other relatives?**

\_\_\_\_\_ Has fun, adjusts easily      \_\_\_\_\_ Homesick      \_\_\_\_\_ Scared  
\_\_\_\_\_ Fine during the day; upset at night      \_\_\_\_\_ Camp will be the first time

**How would you describe your child's sleep habits?**

Sleeps soundly      Sleeps restlessly      Sleepwalker      Bed wetter

**How does your child feel about camp?** Confident      Hesitant      Nervous      Apprehensive

**I am sending my child to camp for the following reasons:** \_\_\_\_\_

**How is your child in the water?**

\_\_\_ My child should stay out of the water.      \_\_\_ My child has never been in a pool or lake.  
\_\_\_ My child is afraid of the water.      \_\_\_ My child enjoys water play, but **does not swim**.  
\_\_\_ My child is a strong swimmer.      \_\_\_ My child knows how to swim, but is not a strong swimmer yet

**What else would be good for us to know about your child?** \_\_\_\_\_

**Please attach additional sheets as needed** with information we should know to help your child have a successful week at camp. Include information about matters such as medications, ADD/ADHD, behavioral patterns or plans, IEP details, emotional strains, family situations, medical concerns, special needs, or anything you believe will help us understand your child and prepare for a great week. Children will not be excluded from programs based on information provided.