

Warner-Tully YMCA Camp Camper Info Form

PAGE 1

CAMPER INFO	
Name (First & Last):	Age:
How many years has your camper att	ended Warner-Tully?
Please list any allergies your camper	has
How does your child feel about camp	this summer? (Nervous, excited, etc.)?
Has your child wet the bed in the last	6 months? Yes No
Has your child sleepwalked in the last	t 6 months? Yes No
Any additional context you'd like to p	provide about the last two questions:
What (if any) big changes has your ca	amper experienced in the last year?
What do your counselors need to kno incredible experience this summer?	w about your camper to help them have an
What (if any) special accomodations of might be helpful at camp? We can't g	does your camper receive at school that uarantee these, but we can try!

We encourage you to share any other information that might by helpful to us on the back!

ANYTHING ELSE?

You may want to let us know what you hope they get out of camp, special bedtime routines, calming techniques, etc.!