



**Please return this form by May 1st to Camp Kippewa at:**

15 Myrtle Avenue, Westford, MA 01886  
(800) 547-7392 tel • (207) 933-2996 fax

WE KNOW YOUR CHILD,  
BUT HER COUNSELOR  
MAY NOT.

**PLEASE ATTACH  
A RECENT CAMPER  
PHOTO HERE!!**

You may also email  
a photo to  
ginger@kippewa.com

# Camper Information Form

To be completed by parents for all campers. One per camper.  
Please fill out both sides of this form and return by **May 1st**.

**Camper's Name** \_\_\_\_\_  Session I  Session II

Camper's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

T-shirt Size:  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

## Family Information

**Previous Camp Experience:** Number of years at another Residential Camp \_\_\_\_\_ Name of Camp \_\_\_\_\_

Please tell us about her experience: \_\_\_\_\_

### Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_  M  F Camp Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  M  F Camp Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  M  F Camp Attending \_\_\_\_\_

**Parent's Marital Status:** Are parents separated or divorced?  Yes  No

If yes, should there be a double mailing?  Yes  No If yes, please indicate a second address:

(Dr/Mr/Mrs) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Bunk Life Information

The information listed below is a tool to help us get to know your daughter and take better care of her throughout her stay at Kippewa. It allows us to ensure a successful transition to camp. All of the information will be reviewed by Ginger, Steve and your daughter's Head Counselor; any pertinent information will be shared with her cabin counselor.

1. Describe your daughter's personality: \_\_\_\_\_

\_\_\_\_\_

2. How does she respond in a group setting? \_\_\_\_\_

\_\_\_\_\_

3. How is your daughter feeling about camp this summer? \_\_\_\_\_

\_\_\_\_\_

**(OVER)**

4. Are there any areas of personal development in which you would like to see your daughter grow and mature?  Yes  No

If yes, explain: \_\_\_\_\_

**For the following questions, please mark the box that best describes your daughter and explain further if needed.**

1. Sleep walks?  Yes  No If yes, describe: \_\_\_\_\_

2. Has nightmares?  Yes  No If yes, describe: \_\_\_\_\_

Procedures followed at home: \_\_\_\_\_

3. Has difficulty falling asleep?  Yes  No If yes, describe: \_\_\_\_\_

4. Wets the bed?  Yes  No If yes, describe: \_\_\_\_\_

Medication taken?  Yes  No

5. Is fearful of:  Animals  Darkness  Thunder  Other \_\_\_\_\_

6. Makes friends easily?  Yes  No If no, describe: \_\_\_\_\_

7. How talkative or vocal is she?  Extremely (talks a lot)  Average  Quiet or Shy

## Health Information

This information will be shared with your daughter's Head Counselor and is not a substitute for the completed Health Form.

1. Diet/Appetite:  Good  Fair  Poor  Overeats  Lactose Intolerant\*

\* If yes, please describe limitations \_\_\_\_\_ Does she take medications with food?  Yes  No

2. Specific dietary requests / limitations: *(if related to allergies, please complete section below)* \_\_\_\_\_

3. Activities to be avoided for medical reasons: \_\_\_\_\_

4. My daughter takes medication:\*  Daily  Only PRN (as needed)  None  Other \_\_\_\_\_

\* If medications are taken, please include detailed information on Camper Medical Form.

5. Please describe any other health information to be shared with the your daughter's Head Counselor: \_\_\_\_\_

6. My daughter wears:  Glasses  Contacts  Braces  Headgear

*(If your daughter wears glasses, please send a spare set to camp with him.)*

## Allergies

1. My daughter has allergies:  Yes  No If yes, complete the rest of this section.

2. Food Allergies: *(please check all that apply. Please circle any that result in anaphylaxis.)*  Peanuts  Chocolate

Tree Nuts  Dairy  Shellfish  Sesame  Other \_\_\_\_\_

Does your child use an epipen?  Yes  No If yes, please send two epipens to camp.

3. Other Allergies: *(please check all that apply)*  Environmental  Bees  Antibiotics  Other \_\_\_\_\_

Please describe \_\_\_\_\_

**PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL TO US.**