

BREEZEMONT DAY CAMP

914-273-3162 *CONFIDENTIAL PERSONALITY SHEET* 914-273-3114

Camp is an extension of the education process; to ease your child's transition to camp, your comments will help promote a better understanding between your child and his/her counselors. A personality sheet which comes in after MAY 1ST is too late to help us group your child with his or her friends.

SIGNING THIS FORM ACKNOWLEDGES THAT CHILD HAS PERMISSION TO PARTICIPATE IN ALL CAMP/GROUP ACTIVITIES

Last Name _____ First Name _____
 Nickname _____ Gender _____
 Birth date (m/d/y): ____/____/____ Completing Grade: _____
 School Attending: _____

Check here if your contact information has changed, and attach a separate note.

- What are your child's favorite interests? (i.e. sports, nature, arts, etc.) _____
 - Does your child have any emotional or physical limitations? _____
 - If you answered "yes" to the above question, what treatment or care has been given? _____
 - Is your child restricted from any activities? Please explain. _____
 - Is there any situation at home which might affect your child's behavior at camp? _____
 - Does your child have a fear of the water? _____
 - During the school year, does your child receive related services? _____
 Speech: _____ SEIT: _____
 Occupational Therapy _____ Physical Therapy: _____ Other: _____
 - Do you expect that your child may need to receive services during the summer*? _____ If yes, which? _____
- *You must contact the camp for an appointment with the director to determine if/how services may take place so as to least disturb your child's camp day.

CHILD'S PARTICIPATION IN VALUED ROLES, ACTIVITIES, AND SETTINGS

You know your child best; help us to help your child have the best summer possible by filling out the chart below.

Child shows competence in this area 1=**most** of the time; 2=**some** of the time; 3=**beginning** to build confidence

Role/Activity	Parent Assessment	Additional information (use back if needed)
Child interacts appropriately with other children		
Child is included by their peers in activities		
Child accepts limits without getting upset		
Child accepts adult help and guidance when needed		
Child speaks clearly & expresses wants/needs well		
Child responds to verbal directions		
Child learns/masters basic routines after limited practice		
Child complies with rules and requests at home/school		
Child transitions from activities		
Child cares for personal belongings		
Child separates easily from parent		

REQUEST FOR GROUPING (OPTIONAL)

Please limit your requests to a **MAXIMUM OF TWO**. Please list friends in order of preference. Requests received after May 1st could jeopardize placement with a friend. Breezemont will assume that all requests (positive & negative) have been fully discussed and agreed upon by BOTH sets of parents **BEFORE** being noted here. **This is YOUR responsibility.** We will make every effort to accommodate these requests. However, we will NOT compromise our camper/staff ratios. It is also a Breezemont policy NOT to group large numbers of friends together in order to avoid "cliques".

1. _____ 2. _____

If you have a negative request, please attach a separate note with an explanation.

I understand that part of the camping experience involves activities, group arrangements, and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that he/she is familiar with these rules and will obey them.

Parent/Legal Guardian Name _____ Signature _____ Date _____