

2011 TRADITIONAL CAMPER CONFIDENTIAL FORM

To be completed by parent/guardian and returned by May 1, 2011

CAMP CHEERIO
PO BOX 6258
HIGH POINT, NC 27262-6258

Session(s) Attending: Girls 2nd June 12-18 3rd June 19-25 4th June 26-July 9
Coed 1st July 10-16 2nd July 17-30 3rd July 31-August 6 4th August 7-13 5th August 14-19

Camper's Full Name _____ Male ___ Female ___ Preferred Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cellular Phone _____

Parents' Name: _____ Mother _____ Father _____

married separated divorced re-married widowed single

If separated or divorced, with whom does your child live? _____

Any custody or visitation restrictions? _____

Age of child _____ Birthday _____ Grade next fall _____

Brothers/sisters? _____ (names _____ & ages) _____

Has child ever been away from home? _____ How long? _____ Church affiliation _____

Does your child sleepwalk? Yes No Talk during sleep? Yes No

Does your child have a tendency to wet the bed? Yes No

Is your child on medication for bedwetting? Yes No

If yes for any of the above questions, please list frequency _____

Does your child require a bottom bunk due to medical or emotional reasons? _____

Bunks will be assigned by counselors. Every effort will be made to put cabin mate request in close proximity to

each other.

Has your child been taking behavioral modification medicine during the school year? Yes No

Will medication be continued during the summer? Yes No Name of medication _____

Will your child be taking **ANY OTHER** medications at camp? Yes No

If yes, please list type of medication(s) _____

Does your child have any dietary restrictions? _____

Please list any of your child's special interests/hobbies/clubs/organizations _____

Is your child closely attached to any pet(s)? Yes No

If yes, please give pet(s) name and type _____

Has child been to Cheerio as a camper? Yes No If yes, when? _____

Was Cheerio a positive experience? _____

Were either/both parent(s) former campers or counselors at Camp Cheerio? _____

List any other camps your child has attended _____

Were other experiences positive? _____

The confidential form is shared with your child's counselors prior to arrival at Cheerio in order to be better prepared and be more effective in caring for your child. Use the space below for additional, helpful information. Please be candid. Please explain any history of extended illness, traumatic experiences or health problems. Please list special instructions or practices to be avoided or expanded upon in planning a program for your child.

If I am not available to pick my child up from camp for any reason, my child has permission to ride with:

DO NOT MAKE A CABINMATE REQUEST ON THIS SHEET. CONTACT THE HIGH POINT OFFICE NO LATER THAN MAY 1ST If YOU DID NOT PREVIOUSLY MAKE A REQUEST ON THE INITIAL APPLICATION. CABIN ASSIGNMENTS WILL BE MAILED ONE WEEK PRIOR TO EACH SESSION.

I agree Camp Cheerio is released from liability in connection with medical treatment and unavoidable accidents. Camp Cheerio also has my permission to use necessary medical measures in the event of an emergency. My child has permission to leave the campgrounds with authorized camp staff for scheduled trips and outings.

I fully understand the inherent risks involved in the activities my child will be choosing or has chosen. I accept all risks including those activities preliminary and subsequent to the chosen activity. Also, I give Camp Cheerio permission to utilize my child's photograph or likeness in camp promotional materials.

Parent/Guardian

Date