



2013 Profile Form

We encourage you to use our online system instead of paper forms. If you have not already done so, go to islandlake.com, click on "Parents" and then "My CampMinder." You will be prompted to enter your email address. Then click on "Retrieve password." We recommend you then change the password to one you will remember! This will give you access to the profile and transportation forms.



Every camper at Island Lake is unique and special in his or her own way. We developed this profile form to learn more about your camper before he/she arrives at camp. The information on this form is private and privileged for the sole use of our directors and leadership staff. Please take the time to sit down with your camper and fill out this form in its entirety as your feedback will help us provide him/her with a more meaningful experience.

This section to be completed by the Parent:

Camper Name _____

Please check the box that most appropriately describes your camper.

	Always	Frequently	Sometimes	Never
Follows instructions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts well to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains good hygiene habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets out of bed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the camper enthusiastic about coming to camp? _____

Does the camper have a problem with bed-wetting? _____

Does the camper have any fears or phobias? If yes, please explain? _____

Does the camper have any eating problems or disorders we should be aware of? _____

Is the camper sensitive to any particular subjects? _____

Has the camper ever had trouble with sleepovers? _____

Is your child happier alone or with other children? _____

If this is your child's first time at Island Lake, please complete this section:

Has your child been to camp before? _____

Name of previous camp: _____

Years at previous camp: _____

Was your child homesick? _____

Over

If your child has been diagnosed with ADHD please complete this section:

Does he/she take medication for ADHD during the school year? _____

Will he/she be taking said medication at camp? _____

At Island Lake, your camper plans each session's program with the assistance of our group leaders, department heads, and program director. Please take time to chat with your camper about your expectations regarding his or her choice of activities. While the final choice of activities will be your child's, we will encourage your him/her to choose a schedule that meets your expectations.

Is there a specific activity that you require your camper to select?

Is there is a specific activity that you would like us to encourage your camper to select?

Please use this space to discuss any factors or information that will lead to a more complete understanding of your camper. We ask that you share with us anything that will help us provide your camper with the best possible summer experience. You may attach an additional page if necessary.

This section to be completed by the Camper:

The following will help us determine what your feelings are about coming to camp. On a scale of one to five, rate your feelings towards the following topics, one being an area of concern and five being an area of excitement.

	Concerned		Neutral		Excited
Making Friends	1	2	3	4	5
Picking the right activities	1	2	3	4	5
Sleeping away from home	1	2	3	4	5
Length of stay	1	2	3	4	5
Food choices	1	2	3	4	5

If this is your first time at Island Lake, please complete the following questions:

Have you ever been to sleepaway camp? _____ Day camp? _____

What did you like the most about your camp? _____

What activities are you looking forward to the most? _____

What do you hope to accomplish this summer? _____

What are the first 3 words that come to your mind when thinking about your upcoming summer at Island Lake?
