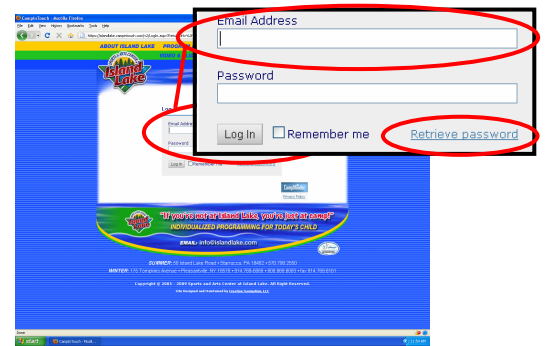




2010 Profile Form

In our efforts to reduce paper usage, we have switched to a new camp management system which will allow you to fill out the profile form and transportation form through our website. We encourage you to use this system rather than filling out the 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! (If your children are returning campers, we suggest you use the same password that you use to access our summer photos and to send emails to your children.) This will give you access to the profile and transportation forms.



Camper Name _____ Date of Birth ____/____/____

Every camper at Island Lake is unique and special in his or her own way. We've developed this profile form in order 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

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 with others well	<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? _____

At Island Lake, your camper plans each session's program with the assistance of our group leaders, department heads, and program directors. If there is a specific activity that you would like us to encourage your camper to participate in, please note it here. You may want to take the 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 can encourage him or her to pursue any special areas that you request. In addition, please feel free to discuss any factors or information that will lead to a more complete understanding of your child. Attach an additional page if necessary.

Has your camper been diagnosed with ADD or ADHD? _____ If yes, complete the rest of this section.

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

If yes, which medications? _____

Will he/she be taking said medication during the summer? _____

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	5
Picking the right activities	1	2	3	4	5	5
Sleeping away from home	1	2	3	4	5	5
Length of stay	1	2	3	4	5	5
Menu choices	1	2	3	4	5	5

First time camper tell us a little more about yourself!

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?
