

Camp Triumph

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Camper Information

Areas:

North Reading Bedford
(Circle One)

Name of Camper: _____ Sex: _____

Address: _____ Zip: _____

Age: _____ Date of birth: _____ Grade: _____ Previous camp: _____

Parent 1: _____ Phone(H): _____ (W): _____ (C): _____

Parent 2: _____ Phone(H): _____ (W): _____ (C): _____

Is the child adopted? ____ Yes ____ No. If yes, has the child been informed? ____ Yes ____ No.

Parents/guardians with whom child resides (relationship to child): _____

Other parents/guardians (relationship to child) _____

Names and ages of siblings: _____

School: _____

Name of Teacher: _____ Phone: _____ Grade: _____

Names of professionals your child is currently seeing regularly:

Name and dosage of any medication your child is currently using: _____

If your child has been hospitalized for any reasons, please give name of hospital, dates, diagnoses, etc:

What situations are usually frustrating or upsetting to your child? _____

What does he/she do when frustrated or upset? _____

How does the child get along with the following people:

1. Mother: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

2. Father ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

3. Brothers and sisters: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

4. Teachers: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

5. Classmates: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

6. Other children: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

7. Other adults: ___ very well ___ well ___ fair ___ poorly ___ very poorly

Please explain: _____

Please check off any behaviors which currently apply to your child (If necessary, please elaborate under "additional comments" below):

- | | | |
|----------------------|----------------------------|-----------------------------------|
| _____ aggressiveness | _____ hyperactivity | _____ poor peer relations |
| _____ bedwetting | _____ inattentiveness | _____ self-inflicted injuries |
| _____ defiance | _____ overeating | _____ stealing |
| _____ fearfulness | _____ tantrums | _____ runs from authority figures |
| _____ swearing | _____ poor impulse control | _____ other |

In what specific areas would you like to see your child improve while attending camp?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Please describe the strengths and positive qualities of your child: _____

Additional comments: _____
