

Tikvah Family Camp Sibling Information Form 2010

We greatly value your expertise and input. To better serve the needs of your family, please help us prepare the best experience possible for your entire family by answering the questions below. NOTE: Please fill out this information form for *each* sibling attending the program.

Name: _____ Nickname _____

Age (as of 9/09): _____ Grade in school (as of 9/09): _____ Gender: _____

My child likes to: _____

My child dislikes: _____

When my child is:

upset, he/she

scared, he/she

happy, he/she

Swimming (Check all that apply.)

- Swims independently
- Requires a flotation device (please bring to camp if applicable)
- Has no fear of water and requires extremely close supervision
- Swims under the supervision of others adults

- Doesn't swim
- Is afraid of the water

School placement for fall (Please indicate if your child is in general education or receives special education services.):

Please describe any medical conditions that we should be aware of or that may affect the camper at camp.

Does your child have any allergies?

- yes, please
list _____
- no

Please list any medications your child takes.

Are there any restrictions for your child to participate in camp activities? If yes, please specify.

Extra-curricular activities:

Safety Concerns:

We would like to know about your child's religious experiences. Child attends Shabbat services (please circle):

Every Shabbat Once Monthly Special Occasions Not
yet able

Child knows some blessings or parts of the religious service (circle all that apply):

Hamotzi Kiddush Birkat Hamazon Adon Olam Bim Bam Ein Keloheinu

Other (please indicate)

Please briefly describe this child's relationship with his/her brother/sister with special needs.

Please provide additional information that we should know to best prepare us for an amazing family camp experience.

Thank you for your time and input. If you have specific questions, please contact Adena Sternthal at tikvah@ramahpoconos.org.