

# Return to **ACADEMY**

# STUDENT INFORMATION

Please complete the following questions, which will help us in preparing for your student's stay at **ACADEMY**:

1. Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

2. Student will be attending which week and session? \_\_\_\_\_

3. Student lives with:  both parents  mother  father  other \_\_\_\_\_

4. Any brothers? \_\_\_\_\_ Ages \_\_\_\_\_ Sisters? \_\_\_\_\_ Ages \_\_\_\_\_

5. Does your student have a nickname? \_\_\_\_\_

6. Has your student been to **ACADEMY** or another residential summer camp before? \_\_\_\_\_ If so, when, where, and how long was the stay: \_\_\_\_\_  
\_\_\_\_\_

7. How does your student feel about going to **ACADEMY**? (Worries, fears, hopes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your student have any allergies? If so, to what? \_\_\_\_\_  
\_\_\_\_\_

9. Will your child require special medication while at **ACADEMY**? If so, what? Please also list instructions for counselor to follow: \_\_\_\_\_  
\_\_\_\_\_

10. Are there any special concerns of which your student's counselor should be aware? (Bedwetting, seizures, homesickness, emotional problems, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What additional information might help us make your student's stay at **ACADEMY** a more worthwhile experience?  
\_\_\_\_\_  
\_\_\_\_\_

12. During **ACADEMY** we take photos for use in our Memory Books and possibly other communication material. We also list the students' mailing addresses in the Memory Books so **ACADEMY** students can correspond with one another. Do we have your permission to do this?  Yes  No

Please tell us how you learned about **ACADEMY**: \_\_\_\_\_  
\_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_