



Camper Information for Counselors

Instructions -- This form is designed to help your child be successful at camp. The more we know about each child, the better equipped we will be to help them throughout the day. **Please take time now to complete this and return prior to your child's arrival at camp.**

Camper's name _____ Nickname _____ Group # _____

Sex: (circle) M F Attending which weeks of Camp (circle): 1 2 3 4 5 6 7 8 9

Age ____ School grade in Fall _____ With whom does child live? _____

What are your child's favorite activities? _____

How does your child get along with others of the same age? _____

Does your child have any fears? If so, please tell us about them: _____

What comforts your child when they are upset? _____

Is your child anxious about camp? If so, what makes them most anxious?

Is your child excited about camp? If so, what are they excited about?

Are there any major events that have taken place in your household over the past 12 months that we should be aware of? (moving to a new home, birth of a sibling, changes in family, etc.) _____

Please indicate health, behavioral, or dietary problems staff should be aware of: _____

What expectations, if any, do you have for your child's camp experience?

Date _____ Parent's Signature _____

PLEASE COMPLETE AND RETURN THIS FORM BEFORE YOUR CAMPER ARRIVES AT CAMP. THANKS!