

**CAMPER PROFILE**

CAMP PROGRAM \_\_\_\_\_

\_\_\_\_\_  
Camper's Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
Sex\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Age\_\_\_\_\_  
Grade

(As of Sept)

This form is to be completed by parent as fully as possible. The information is confidential and will be used by Camp Supervisory Staff to help your child to adjust to camp and to try and make certain that he/she will have the best possible camp experience.

1. Please tell us about your child's previous camp experience (day camps or sleepaway - name and year)

---



---

2. Has your child enjoyed camp in the past? Please tell us about his/her experiences \_\_\_\_\_

---

3. Previous group experience (name of organization or group, length of time child was active)?

---

4. Did he/she enjoy the experiences? (explain) \_\_\_\_\_

---

5. My child spends most of his/her time with (all that apply)

\_\_\_\_ brothers or sisters; \_\_\_\_ 1 or 2 friends; \_\_\_\_ many different friends; \_\_\_\_ alone.

6. My child gets along with peer group (check one)

\_\_\_\_ easily \_\_\_\_ fairly easily \_\_\_\_ with difficulty

7. How does your child usually get along with adults:

\_\_\_\_ positive and cooperative \_\_\_\_ accepting and friendly \_\_\_\_ seeks attention

8. List your child's favorite hobbies, if any: \_\_\_\_\_

---

Over

9. What kind of activities does your child **DO** well? \_\_\_\_\_
10. What kind of activities does your child **NOT** do well? \_\_\_\_\_
11. How would you rate your child's swimming ability (check one):  
\_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_ can't swim at all
12. Please indicate whether your child has had any major illness or is physically challenged which may affect his/her participation in the full camp program: \_\_\_\_\_  
\_\_\_\_\_
13. Has your child ever been seen by a family counseling service, guidance clinic, psychiatrist or psychologist? \_\_\_\_\_ Yes \_\_\_\_\_ No. If "Yes", what was the presenting problem \_\_\_\_\_  
\_\_\_\_\_
14. Is your child enrolled in a special school or class? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. Any additional information you feel the Camp should have about the camper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_