



About My Camper

Please fill out a separate form for EACH of your children!

PARENT SECTION

1. Your Camper's Full Name (first & last): _____
2. Does your camper have a nickname?: _____
3. How old is your camper? _____ What is their birthday?: _____
4. What school do/will they attend in the Fall?: _____ Grade?: _____
5. Special requests, if any, for your camper's small group:
 - a. I would like them to be grouped with: _____
 - b. I would NOT like them to be grouped with: _____
6. Goals that you have for your camper this summer: _____

7. Expectations you have for your camper's counselors?: _____

8. Does your child have any medical, behavior, or physical concerns we should be aware of?

9. Food Concerns/Information:
 - a. Food Allergies: _____
 - b. Foods you prefer them not to have: _____
 - c. Are they allowed to drink Soda*?: _____

**We ask because for some field trips soda is an option for snack/lunch.*
10. Do you have any pool time concerns/requests you want to make sure the counselors know about? Examples may include "my child is not a good swimmer", "I prefer my child to wear floaties/life jacket, in the pool", "I would prefer my child to stay in the shallow end even if they pass the swim test":

11. Any other information counselors should know? This can include behavior tricks, things to watch for, etc.

About My Camper



CAMPER SECTION

1. What are you looking forward to the most at camp this summer?

2. What makes you nervous about camp this summer?

3. What color would you like your field trip shirt to be this year? Circle one: GREEN or ORANGE
4. If your siblings come to camp, would you like to be with them, or have your space? _____
5. Do you have any friends that are signed up for camp that you MUST be grouped with?
 - a. _____
 - b. _____
 - c. _____
6. What field trip are you most excited to go on? _____
7. What is your favorite snack?
 - a. Morning: _____
 - b. Afternoon: _____
8. What is your favorite movie? _____
9. List a game you REALLY want to play at camp this year? _____
10. Pool Days
 - a. What kind of pool toys would you like us to have for you to play with?

 - b. Would you like to play organized pool games, if so what would you like to play?

 - c. What song would you like added to our pool playlist?

11. Circle the appropriate word(s) that describe your reaction to coming to camp.
I am: Excited Nervous Trusting Enthusiastic Energetic Shy Responsible
Positive New To Day Programs Fill In Your Own Word(s): _____