



Camper Name _____

Camper Profile

To be completed by parent/guardian

Your child's safety, happiness and success are of utmost concern. We, therefore, are requesting you to complete this PROFILE of your child. This will enable our staff to acquaint themselves with your child prior to his/her arrival to camp and will, thus, insure a smooth transition.

As always, we are available to discuss with you privately any concerns or insights you might have regarding your child's well-being.

Camper Traits

- Participates in athletic leagues Yes No
- Enjoys fine arts activities Yes No
- Participates in performing arts activities Yes No
- Swim Ability Excellent Good Fair
- Physical Coordination Excellent Good Fair
- Has anxiety about camp Yes No
- Makes friends easily Yes No
- Needs things organized Yes No
- Is happiest Alone With other children
- Falls asleep quickly Yes No
- Is a sleepwalker Yes No
- Has nightmares Yes No
- Has a history of bed wetting Yes No

Please list, if any, activities to be limited or avoided for medical or other reasons _____

My child has a special interest in _____

How would you describe your child's behavior in new situations (shy, outgoing, cautious, independent, etc.)? _____

Does your child have any fears or anxieties we should be made aware of (storms, darkness, loud noises, animals, etc.)? _____

Are there any situations at home (divorce, illness, etc.), which may be on your child's mind while he/she is at camp? _____

Please describe your child's eating habits/restrictions. _____

What specific household responsibilities does your child have to do at home? _____

Does your child have any expectations or concerns about camp? _____

Do you have any expectations or concerns about camp? _____

Please identify your specific goals for your child this summer. Goals may include physical skill areas such as swimming, sports or arts, as well as emotional skill areas like self-confidence and cooperation. _____

What are your child's goals for her/himself? _____

What kind of difficulties, if any, are counselors most likely to have with your child and how should they be handled? _____

What consequences do you use when it is necessary to discipline your child? _____

Summer Experiences

Previous Summer Experience:

Day Camp _____ years attended _____

Resident Camp _____ years attended _____

Other _____ years attended _____

Overall, how were these experiences? _____

Details _____

	Name	Age	Prior Camp Name (if any)
Brothers	_____	_____	_____
Sisters	_____	_____	_____

Please list up to two campers below who your child would like to be placed with in the same bunk.

1. _____ 2. _____

Name of parent/guardian completing this form _____

Signature _____ Date _____

Please attach 2 photos of your child to this form. Feel free to write any additional information you would like us to know about your child as well as any personal goals you have for him/her this summer on a separate sheet of paper.