



Getting to Know Your Camper

Please respond to the following so that we can make this the best possible camp experience for your child. Please feel free to add any additional information about your child that will help camp staff and make your child's camp experience a positive one, please use the back of the sheet if needed.

Child's Name: _____ Child's Nickname: _____

Parent's Names: _____

Camper lives with: _____

- List some of your child's skills, hobbies, and interests:

- Has your child attended any camps previously? _____

- What does your child do when upset or frustrated? Do you have any helpful hints for the staff to help your child when he/she is upset?

- Are there certain activities that are more frustrating to your child than others?

- What else do we need to know so that we can help your child have the best camp experience? Please include information such as health, medical, and emotional concerns:
