



Getting To Know Your Child

Camper's Name _____

Likes to be called (if different) _____

Grade Entering _____ Birthday _____

Allergies: _____
(If your child requires medication, please see the front office for an additional form.)

Swimming Ability: non-swimmer can float can swim
(without assist) (without assist)

Comments: _____

My child's favorite recreational activities are: _____

My child has special skills and talents in: _____

My child may struggle with: _____

Additional comments (special needs, fears or concerns, a brief character description and how your child functions in group settings). This information will prepare us to help your child adjust to the camp:

