

INCLUDE THIS FORM WITH YOUR REGISTRATION

“About Me”

CAMPER’S INPUT

Name: _____ **Camp Attending:** _____

Number of years I’ve attended camp: _____

Three things I enjoy doing most:

I am looking forward to camp this summer because:

I’d like you to know I’m a little worried about:

I feel closest to God when:

PARENT’S INPUT

To improve the quality of experience for your child/youth at camp, please share the following information with your child’s Camp Director. It will be helpful in ministering to your child/youth. Thank you for this opportunity to offer your child/youth the opportunity to experience God’s love within the camp’s Christian community. This information will be held in the strictest confidence.

How would you describe your child/youth’s personality?

How does your child/youth let you know when he/she is happy or sad?

What is the best way to help your child/youth deal with frustration?

Does your child/youth have any special needs or behavior patterns we should be aware of (i.e., daily routines, bedtime rituals, adult role model she/he responds to, attention deficit, hyperactivity, shyness, sleep walking)?

Has your child/youth experienced any traumas or difficult times in life that we need to know (i.e., divorce, death of loved one, other)?