2016 Camper Profile

For Office use only: Week

Cabin #\_\_\_\_\_\_\_\_\_ code

Counselor\_\_\_\_\_\_\_ \_\_\_\_\_

Camp Greenwood

Camper’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While at camp, your child will be in a group with several other campers of similar age. They will be supervised by a well-trained, adult counselor who has been selected for his or her maturity, integrity, sensitivity and spiritual commitment to Jesus Christ. It is our desire to help your child develop spiritually, physically, and socially while at Camp Greenwood. Your cooperation in completing this form will help your child’s counselor prepare to provide the needed encouragement and opportunities to make this camping experience as meaningful and productive s possible. If there are areas of concern that you feel are too sensitive or confidential to disclose, you may speak personally with the counselor when you bring your child to camp.

Will your child have a birthday while at Camp? **Yes No** If so, what is the date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your camper bee to camp before? **Yes No** Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, has your camper been away from home alone for two or more days? **Yes No**

Are both parents living? **Yes No**

Is your camper living with both parents? **Yes No** If not, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the camper have siblings? **Yes No** Number older: \_\_\_\_\_\_\_\_\_\_ Number younger: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does the camper have any brothers or sisters at camp this week? **Yes No**

Is there any reason that your child should NOT sleep in a top bunk? **Yes No**

Choose all options that best apply to your camper:

* Comfortable in large groups
* Prefers small groups
* Makes friends easily
* Hesitates when meeting new people
* Leader
* Follower
* Active
* Reserved
* Needs firm boundaries
* Responds well to authority
* Adapts well to new situations
* Has a hard time with change
* Outgoing
* Shy

What are your child’s greatest interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you most desire that your child get out of camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In what ways do you feel we can best help your child in the area of spiritual growth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any specific limitations or conditions we should know about in order to better understand and help your child (please be very detailed)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(You can use the back of the form if you need more space)