

# Camper Profile Form

Camper's name \_\_\_\_\_

Is this your camper's first camp experience? \_\_\_Yes \_\_\_No

Does your child have a friend or relative coming to camp? \_\_\_Yes \_\_\_No

Number of Siblings? \_\_\_\_\_

What school does your camper attend? \_\_\_\_\_

Parent/Guardian 1

Occupation \_\_\_\_\_

Parent/Guardian 2

Occupation \_\_\_\_\_

Do you have any suggestions to aid us in your child's transition from home to Camp?

\_\_\_\_\_  
\_\_\_\_\_

Camper's Parents are (choose one)...

Married\_\_\_ Single\_\_\_ Divorced\_\_\_ Separated\_\_\_ Other\_\_\_

Are there any serious illnesses or recent deaths in the family?

Yes\_\_\_ No\_\_\_

Will guardians be travelling during the camper's session(s) at camp?

Yes\_\_\_ No\_\_\_ \* If yes, please list contact information for camper phone calls/emails.

\_\_\_\_\_  
\_\_\_\_\_

Does your child wet the bed (overnight camp) Yes\_\_\_ No\_\_\_

T-Shirt Size: Youth Small\_\_\_ Youth Medium\_\_\_ Youth Large\_\_\_

Adult Small\_\_\_ Adult Medium\_\_\_ Adult Large\_\_\_ Adult X-Large

Briefly describe your child's personality \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any fears your child may have. \_\_\_\_\_

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Does your child have any learning or behavior difficulties that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what modifications are used at home or school? \_\_\_\_\_

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Is there anything else you think we should know about your child?

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How did you first hear about Camp Bernie?

Advertisement \_\_\_\_\_ Camp Fair \_\_\_\_\_ Other \_\_\_\_\_

Referral Service \_\_\_\_\_ Referred by \_\_\_\_\_ Sibling \_\_\_\_\_

Web Site \_\_\_\_\_

Please specify:

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Please list anyone who is authorized to pick up your child (including yourself)

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