



# **CAMPER PROFILE**

**YEAR:** \_\_\_\_\_  
*For Office Use only*

FORM INSTRUCTIONS: This Form is required for every Camper attending camp. Parent/Guardian, please review and complete each page then sign, and return this form to Camp DeWolfe no later than June 15. After June 15, a \$100 Late Fee will be applied to any account with an outstanding balance or missing forms.

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**Camper Name:**

**Age at Camp:**

**Dates Attending Camp**

**From:**

**To:**

It is our goal to make each child's experience at camp as successful as possible. Please complete this confidential form to help us get to know your child better. Any information you offer will be shared with your child's counselors and treated confidentially. Information shared will not be used against any child. Please return this form no later than June 1.

**1) Have there been any significant changes in your child's life? (i.e. divorce, death of a relative or family friend, moves, etc.)**

**2) Has your child experienced any difficulties in school this year? What school do they attend?**

**3) Does your child have any special needs or are special accommodations necessary?**

**4) Has your child experienced or might experience any of the following?**

- Homesickness
- Bedwetting
- Problems with tidiness
- Falling out of bed
- Nightmares
- Sleepwalking
- Fear of insects / wild animals
- Fear of water / swimming
- Fear of the dark

**Use this space to provide comments on any selected.**

**5) Does your child experience difficulty with concentration or staying on task?**

**6) Parent/Guardian: What are your goals for your camper this summer?**

**7) What are your Camper's goals for the summer?**

**8) Does your Camper have any interesting talents or hobbies to share?**

**9) If new to Camp DeWolfe, how did you learn about us?**

***Please use the reverse side of this sheet if more space is needed for comments.***