



CAMPER PROFILE

YEAR: _____

FORM INSTRUCTIONS: This Form is required for every Camper attending camp.
Parent/Guardian: Please review, complete, and return this form to Camp DeWolfe no later than June 15th. A Late Fee will be charged for forms missing after June 15th.

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Camper Name: _____ **Age at Camp:** _____

Attending: Explorer Camp Discovery Camp Adventure Camp (2Wk) Adventure Camp (3Wk) LIT
Day Camp: Session 1 Session 2 Session 3 Session 4 Session 5 Session 6

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 15th.

- 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 *Use this space to provide comments on any selected:*
Bedwetting
Problems with tidiness
Falling out of bed
Nightmares
Sleepwalking
Fear of insects /wild animals
Fear of the dark
Fear of swimming
- 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.