

renbrook summer adventure

COUNSELOR INFORMATION SHEET 2010

Our purpose in asking you to fill out this form is to learn as much as possible about your child before the camp season begins. You may use the back for additional comments. Please return this form by June 1.

Camper's name _____ Please Circle: Session I, II, Both, Trip Only
(FIRST) (LAST)

Male _____ Female _____ Birth Date _____ Nickname _____ Grade in Sept. _____

Parents' Names (please print) _____

Address _____ Day phone (Mom) _____ (Dad) _____

_____ Night phone (Mom) _____ (Dad) _____

Email _____ Cell phone (Mom) _____ (Dad) _____

Will your child be attending camp with a para professional? _____

Primary language spoken by child: _____ If not English, please specify: _____

Please list any special health concerns for your child: _____

Allergies: _____

Medications: _____

Diet Restrictions: _____

Please comment on your camper's feelings toward active physical involvement in camp activities:

Please list any hobbies or special interests your child enjoys both in and out of school.

Please comment on your child's attitude toward swimming lessons for K-10th Graders or waterplay for 3 and 4 year olds.

Please comment on any specific activities or areas where your child may exhibit strengths or weaknesses.

Please use the back of this form to include any additional comments in regard to enriching your child's experience at camp.

Date _____ Parent's Signature _____