



Camper Info Sheet

****Please have this printed & filled out to hand to the counselor on check-in day****

Camper First & Last Name: _____

Nickname (if applicable): _____

Nighttime Routine (if applicable):

Any concerns or apprehension about attending camp:

Things camper is excited for:

Does your camper take medicine?

Camper goals for the summer?

Any recent family or life events that may be affecting your child?