

Camp It Up! 2012 | Getting to Know the Camper Form

Tell us about your child so that we can provide her/him with the best possible care and programming. Ask your child to fill out the form if s/he is able.

Name: _____ Likes to be called: _____

Age at camp: _____ Entering what grade in Fall '12: _____ Date of birth: _____

Responsible adult(s) at camp: _____

Siblings/special friend(s) at camp: _____

Previous camp experience: _____

Favorite activities, hobbies and interests at home: _____

Most looking forward to at Camp It Up!: _____

Particular dislikes/fears: _____

Pertinent medical conditions/allergies (e.g., food allergies, etc.): _____

Does your child nap? If yes, when? _____

Anything else you or your child would like to tell us? _____
