

# ALL ABOUT ME...

## Camper Information Page

My Name \_\_\_\_\_ Nickname I like to be called \_\_\_\_\_

Age \_\_\_\_  Male  Female Grade in school in the Fall \_\_\_\_\_

Event (camp) Name \_\_\_\_\_ Dates of camp \_\_\_\_\_

Church & Pastor's name \_\_\_\_\_

### Camper's Page

Have you attended camp before? \_\_\_\_\_

Where and When \_\_\_\_\_

\_\_\_\_\_

Have you stayed away from home overnight before?  
\_\_\_\_\_

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

I am the  oldest  in the middle  youngest

What are you looking forward to most at camp?  
\_\_\_\_\_  
\_\_\_\_\_

What are you the most worried about at camp?  
(The dark? Being away from home? Other?)  
\_\_\_\_\_  
\_\_\_\_\_

What are 3 of your favorite things to do with your time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you feel the closest to God?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One questions I have about camp is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent's Page

Please indicate with an "X" on the line where you child is:

Shy .....Extrovert

Loner.....Many friends

Make friends:

Easily .....With Difficulty

New Situations:

Hesitant .....Eager

Activity Level:

Very Quiet.....Very Active

How can we best relate to your child...

In time of conflict/anger? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If he/she has hurt feelings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If he/she is homesick? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special circumstances or situations you would like us to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank-you!*