



CAMPER INFORMATION FORM 2009

In order to help us ensure a fun, healthy summer for all of our campers, we would appreciate your assistance in completing this form. This information will be shared with your child's supervisors and counselors, confidentially and as necessary, to better prepare for your child's camp experience.

This form must be returned by May 1, 2009

Camper's Name: _____ Grade as of Sept '09: _____ Sex: M or F
Village: _____

Program: Mini A Session 1 Super Season TSS/Hadracha
 Mini B Session 2 Agree Kennedy

Has your child attended camp before? Please list name of camp and years of attendance.

Is your child eager to attend camp?

What does your child look forward to experiencing this summer?

Does your child have any fears/anxieties pertaining to camp that may affect the camp experience?

Does your child have any medical issues, including allergies? If yes, please provide a brief explanation.

**PLEASE COMPLETE FRONT AND BACK.
FORM MUST BE SIGNED.**

Does your child have any psychological issues? If yes, please provide a brief explanation.

Are there any custodial issues in your family? If yes, please explain.

My child may be released to: Mother _____ Father _____ Other _____

If other, please provide name and relationship. _____

My child is interested in Bar/Bat Mitzvah tutoring (once a week). Yes No

Bar/Bat Mitzvah Date _____ Torah Portion _____ Synagogue _____

Please be sure to send copies (not originals) of tapes and books

Please add any additional comments you wish to bring to our staff's attention that would help us understand your child, allowing us to maximize his or her summer experience.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE