

# DRIFTWOOD DAY CAMP CAMPER PROFILE - 2017

Dear Parents: The following information will be used for professional purposes only at camp. This information will be kept confidential and will be shared only with staff to the extent the information is needed to better meet the needs of your child. Please enter all information as completely as you can, so that the Group Leaders and Directors can prepare in advance for your child to have the best summer possible. Sometimes, changes in the life of a child will impact their behaviors, and we can better understand and work together if we are made aware of these changes. This profile will help us to have a greater understanding of your child.

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering 9/2017: \_\_\_\_\_

School Entering 9/2017: \_\_\_\_\_

Nickname: \_\_\_\_\_ Weeks Attending Camp: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Are the siblings attending Driftwood? \_\_\_\_\_

Does the Camper have previous camp experience? \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Does the Camper wear contact lenses? Y N

Does the Camper wear glasses? Y N

Please list any medical conditions your child has:

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Please indicate any medications your child is currently taking under medical supervision:

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Camper's Last Name \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Please share what your child's interests are (sports, arts, music, hobbies, reading, dance, gymnastics, etc.):

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Please rate on a scale from 1 to 10 (10=Very Enthusiastic; 1=Not Enthusiastic) how your child feels about the following activities.

\_\_\_\_\_ Arts & Crafts      \_\_\_\_\_ Sports      \_\_\_\_\_ Trapeze      \_\_\_\_\_ Zipline/Ropes Course

Please tell us about your child's social ability in group situations?

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Please share what you are looking for your child to achieve over the summer:

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Does your child receive support services in school?      Yes      No

If yes, please describe the services your child receives (i.e., physical therapy):

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What is your child's favorite food(s) for lunch? \_\_\_\_\_

Please describe your child's likes, dislikes, fears, and anything else the Group Leaders should know to help make his/her transition to camp successful:

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