American Heritage Summer Day Camp

Camper Profile

Please complete this Camper Profile Form and return it with your Camper Application packet. This form will be filed with your camper's Unit Directors, and will be utilized with off-campus activities as contact information as well as providing the Unit Directors with insight to your camper; so we may provide the best care possible.

Cabin # _____

Weeks Attending :

SI _____
SII_____
SIII_____

SummerSchool_____

Dismissal_____

Sibling(s) in_____

Camper's Name _____ PIN _____
Last *First*

Nickname _____ Date Of Birth _____ Shirt Size _____

Weight _____ Height _____ Hair Color _____ Eye Color_____

Swimming Ability: Non-Swimmer _____ Beginning Swimmer _____ Swimmer _____

1. Has Camper ever attended camp before? YES ___ NO ___ Where _____
2. Is Camper restricted from any activity? YES ___ NO ___ What _____
   Why _____
3. General Relationship with peers? Compatible _____ Hostile _____ Mature _____ Immature _____
   Comments _____
4. General peer gender preference? Boys _____ Girls _____ Both _____
   Comments _____
5. General relationship with adults? Poor _____ Fair _____ Good _____ Excellent _____
   Comments _____
6. Eating Habits – Appetite? Poor _____ Fair _____ Good _____ Excellent _____
   Food Preferences _____
   Food Allergies _____
7. Other known allergies _____
8. Does your Camper use:
   Eyeglasses Yes___ No___ Contact Lenses Yes___ No___
   Orthodontics Yes___ No___ Hearing Aides Yes___ No___
   Earplugs (for swim) Yes___ No___
9. Please list any additional information you feel is important so we may provide your child with the best summer experience: _____
   _____
   _____
   _____

Please Print:
Mother's Name _____
Phone Numbers:
(H) _____ (C) _____

(W)_____

Father's Name _____

(H)_____ (C) _____

(W) _____

Parent Signature_____

Date _____

Place

Camper's Photograph

Here