

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 _____

S-School _____

Dismissal _____

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