

Camper Profile Sheet
Campers 6-13 Years Old

Camper's Name: _____

Camper's Birth Date: _____

1. Does your child have siblings who attend American Heritage Day Camp?
List names and ages.

2. Does your child have any specific health problems?

3. Does your child have any allergies? (food, insects, etc.)

4. Does your child have any dietary restrictions?

5. Does your child have any fears or concerns about attending camp?

6. Is there anything else you would like to tell us about your child?

Your Name: _____ Home Phone: _____

Cell Phone: _____