

Robert Stone
Director



Junior Camp Profile Sheet
For Preschool Age Children

Camper's Name: _____

Camper's Birth date: _____

1. Does your child have siblings who attend American Heritage Summer 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 fears? (swimming, separation, etc.)

5. Does your child have any dietary restrictions?

6. Please circle the following foods your child would like to eat.
Hamburger, Macaroni and Cheese, Chicken Patty/Tenders, Cheese Pizza
Sandwiches: Turkey, Cheese, Tuna, Peanut Butter and/or Jelly
Bagel, Salad, Assorted Cooked Vegetables, Carrots, Assorted Fruit, Chips

7. Does your child normally nap in the afternoon?

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

9. Would you like your child's Group Head (teacher) to contact you prior to the start of camp to further discuss your child?

Your Name: _____ Home Phone: _____

Cell Phone: _____