



PLACE CAMPER
PICTURE HERE

**AMERICAN HERITAGE
SUMMER CAMP**
Senior Camp Profile Sheet
Camper's 6-14 Years Old

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

Mom's Name: _____ Dad's Name: _____

Cell Phone: _____ Email Address: _____
