

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 Director, and will be utilized with off-campus activities as contact information as well as providing the Unit Directors insight to your camper; so we may provide the best care possible.

Day Camp/Cabin # _____

Camp/school _____

Specialty camp _____

Weeks Attending

wk 1 ___ wk 2 ___ wk 3 ___

wk 4 ___ wk 5 ___ wk 6 ___

wk 7 ___ wk 8 ___ wk 9 ___

Camper's Name _____ PIN _____

Nickname _____ Date Of Birth _____ Grade Entering _____

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:

Parent/Guardian Name _____

Phone Numbers:

(H) _____ (C) _____

(W) _____

Parent/Guardian Name _____

(H) _____ (C) _____

(W) _____

Parent Signature _____ Date _____

Place
Camper's Photograph
Here