



CAMPER INFORMATION FORM
ABCRM Camping at Quaker Ridge Camp
July 13-19, 2014

All forms due by June 30, 2014

This form is to be completed by a parent or guardian. The following questions will aid your camper's group leader and coordinator to meet your child's needs. Please answer all questions honestly and thoroughly.
Please print legibly.

CAMPER

Last Name: _____ First Name: _____ MI: _____

Nickname: _____ Gender: Male Female

Grade Completed: _____ Age: _____

Parent's Name: _____

Has your child attended camp before? Yes No

Does your child like school? Yes No _____

What are your child's favorite subjects? _____

What are some of your child's hobbies or interests? _____

Does your child tend to feel homesick when away from home alone? Yes No Sometimes

Does your child make friends: Easily? About Average? Slowly?

Is your child comfortable or uncomfortable with new/strange situations? _____

Do both parents live in the same household? Yes No

Describe your child's strengths and concerns: _____

(over)

Is there anything in particular you would like your child's camp leader to know in order to be most helpful to your child?

Does camper have any special dietary needs (i.e. vegetarians, gluten-free, diabetic, etc.)?

Special Instructions.

Parent/Guardian Signature: _____

Date: _____