

Camper Profile Form

Camper's name _____

Is this your camper's first overnight camp experience? Yes No (If Day Camp, select No)

How often does your child have extended experiences away from home?

Rarely Sometimes Frequently Never

Does your child have a friend or relative coming to camp? Yes No

Number of Siblings? _____

What school does your camper attend? _____

Parent/Guardian 1 Occupation _____

Parent/Guardian 2 Occupation _____

Please select the race of your camper by circling below:

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Asian

Black or African American

Native American or Alaska Native

Do you have any suggestions to aid us in your child's transition from home to Camp?

Camper's Parents are (choose one)... Married Single Divorced Separated Other

Are there any serious illnesses or recent deaths in the family? Yes No

Will guardians be travelling during the camper's session(s) at camp? Yes No

* If yes, please list contact information for camper phone calls/emails.

T-Shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult X-Large

To ensure success at camp your children must be able to:

- Use the bathroom and dress independently
- Walk long distances over uneven terrain
- Stay with their group
- Follow directions
- Be respectful of the staff
- Refrain from violence like kicking, hitting, biting, etc.
- Refrain from threatening or vulgar language

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If you have concerns about whether your child can meet these expectations or if your child has an IEP at school, please contact Camp Bernie to schedule a consultation.

Briefly describe your child's personality_____

Describe any fears your child may have._____

Does your child have any learning or behavior difficulties that we should be aware of? Yes___ No___

If yes, what modifications are used at home or school?

Are there disciplinary measures used at home that may benefit us to know at camp?

Is there anything else you think we should know about your child?

How did you first hear about Camp Bernie?

Advertisement___

Camp Fair___

Other___

Referral Service___

Referred by___

Sibling___

Web Site___

Please specify:

Please indicate the name of a returning camper who referred you to Camp Bernie, so that they can enjoy special Camp Bernie Ambassador benefits.

Please list anyone who is authorized to pick up your child (including yourself).

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