

CAMPER PROFILE FORM 2017

(To be filled out by parents)



Please return by May 1st

23970 N. Elm Road, Lincolnshire, IL 60069
phone (847) 634-3168 fax (847) 634-8262

All information is confidential between our directors, head staff, nurse and your child's counselor. The more we know about your child, the more we are able to help them with a successful camp experience. Please repeat any information you may have given the office verbally. *Feel free to contact us or send a separate note if there is information that you do not want made available to staff above.*

Camper's full name: _____ Date of birth ____ / ____ / ____

Nickname/name camper prefers: _____ Home phone: _____

Name of school: _____ Grade next fall: _____ Hometown: _____

Parent name(s): _____ Married Divorced Separated

Has your child been to camp before? Yes No If yes, where: _____ #of years: _____

What do you hope your child gains from their camp experience? _____

How does your child feel about spending the summer at Tamarak? _____

What is your child most looking forward to at camp? _____

Any concerns your child may have with starting camp? _____

Does your camper make friends easily/do you have any social concerns? _____

What expectations do you have for your child's counselor? _____

Does your child have any physical, emotional or behavioral considerations? Yes No

If yes, please describe: _____

Does your child receive outside therapy for any special needs? (OT, speech, behavioral, etc.) Yes No

If yes, please describe: _____

Will your child continue to receive these services during the summer? Yes No

Does your child have any fears? Yes No If yes, what are they and how do you handle them at home? _____

Has your child or family dealt with significant issues in the past year that you would like us to be aware? _____

Please list any additional information that you feel will help us provide a positive camp experience. _____