

CAMPER PROFILE FORM 2017

(to be filled out by parents)



Please return this form no later than May 20th.

23970 N. Elm Road, Lincolnshire, IL 60069

phone: (847) 634-3168 fax: (847) 634-8262

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

Camper's Full Name _____ Date of Birth ____ / ____ / ____

Nickname/Name Child Prefers to be Called _____ Home Phone _____

Grade in School Next Fall _____ Name of School _____ Home Town _____

Parent Name(s): _____ Married Divorced Other: _____

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

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

Siblings' names & ages _____

Child's allergies or health problems _____

How does your child feel about spending the summer at Camp Lincolnshire: _____

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

What concerns, if any, does your child have about starting camp: _____

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

What are some of your expectations of 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: _____

If your child or family has dealt with any significant issues in the past year that you would like us to be aware of, please describe: _____

Please list any additional information that you feel will help us provide a positive camp experience for your child: _____

My child is Potty Trained: Yes No