

CAMP JCC 2017



Camper's Name: _____

T-Shirt Size: _____

SCHOOL EXPERIENCE

Which school does your child attend? _____

Present Grade? _____

Please describe any special services and/or accommodations your child receives at school

FAMILY

Marital status _____

Number of children? _____

If parents are separated or divorced, what is the custody arrangement?

With whom does the child live?

Is your family experiencing any transitional events (ie: recent move, deployment, illness or death, new baby, etc.)

Can your child swim? Yes No At what level? _____

Is your child fearful of the water? Yes No

Does your child have any food or physical restrictions, health problems, allergies, fears?

Is there anything you think we should be aware of in order to help your child enjoy his/her summer experience?

ALL ABOUT ME ON REVERSE

ABOUT ME THE CAMPER (to be filled out by Camper, Parent or both)

Words that describe me:

People Really Like It When I:

Sometimes I Need A Little Help With:

I really like:

I don't like:

When I am around a lot of people, I feel:

When I am with kids my own age, I feel:

Please contact Camp JCC with updates/changes to this profile.