

Camper Information – Bring to check-in

Name: _____ Preferred Name/Nickname: _____

Age: _____ What grade will you enter in the fall? _____

SECTION I: TO BE COMPLETED BY CAMPER

1. When is your birthday? _____
2. What is your favorite color? _____
3. Have you ever been to GSGC summer camp before? _____
4. Have you ever been to overnight camp? _____
 - a. If so, how many nights did you spend? _____
 - b. What did you like best about it? _____
 - c. What didn't you like about it? _____
5. What are your hobbies and interests? _____
6. How do you feel about coming to camp? _____
7. What are you looking forward to doing at camp? _____

8. Is there anything about coming to camp that you are worried about? _____

9. Do you think you will feel a little homesick? If so, what can your counselor do to help you? _____

SECTION II: TO BE COMPLETED BY PARENT/GUARDIAN

1. Do you have any concerns about your child attending camp? _____

2. Do you have any suggestions for the counselors to help your child? _____

3. Are there any behaviors or special circumstances that you would like your child's counselor to be aware of/sensitive to? (Such as bedwetting, sleepwalking, nightmares, recent family changes, fears etc.) _____

4. Are there any activities in which you DO NOT wish your camper to participate? _____
