

Camper		
Last Name:	First Name:	Nickname:
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Entering Grade (in the fall):	
School Name:		

Friendship Request
We will try to pair your child with ONE friend. The friend must be in the same age group as your child.
Name of friend:

Please complete the following to help your child's counselors get to know him/her. Use the back if necessary.

Please list your child's favorite activities.

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Please indicate any dietary preferences/concerns for your child. Kosher Vegetarian Allergies*

*Please specify if there are any allergies:

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Are there any restrictions on your child's activities?

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Is your child a swimmer or non-swimmer?

Does your child have difficulty with transitioning?

What language(s) does your child speak?

Does your child have emotional or psychological concerns of which the camp staff should be made aware? Yes No

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Please list any additional comments that will be helpful in making camp an enjoyable experience for your child.

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