

Creative Arts and Sports Program

Camper			
Last Name:	First Name:	Nickname:	
Street Address:			
City:	State:	Zip Code:	
Date of Birth:	Age on June 22, 2010:	Years:	Months:
School Name:		Entering Grade (Fall 2010):	

Friendship Requests

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:
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Please complete the following to help your child's counselors to 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?

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Does your child have difficulty with transitioning?

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What language(s) does your child speak?

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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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