

YMCA Camp DeBoer Camper Information

The following information will be used to provide a rich and meaningful camping experience for your child and will only be available to your child's Cabin Counselor and relevant camp staff. Parents please fill out the front page of the form and have your child fill out the back side. If there is any additional information, you may share it when you check in at camp.

Campers Name: _____	Age: _____
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My child is registered for Camp Session # ____ Date _____
Camp Program _____

1. Has your child been away from home at an overnight camp before? YES NO If yes, was it a positive experience? Please explain

2. Describe any portion of your child's medical history or present condition that your Cabin Counselor should be aware of: (ex. fears, allergies, bedwetting, etc.)

3. What would you like your child to gain from this camping experience?

4. Are there any specific programs you do not want your child to participate in?
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5. Does your child have a birthday while at camp ____ If so what day?

Additional comments for your Cabin Counselor.

Camper's Letter to My Counselor

Dear Counselor,

Here are a few things you should know about me.

This will be my _____ time away from home. I am _____ years old.

My name is:

1. Things I really want to do when I get to Camp.

2. Things I do not want to do at Camp.

3. My favorite food is:

Other comments

Thanks for the information. We look forward to seeing you at YMCA Camp DeBoer this summer!