



# CAMP LAWRENCE/CAMP NOKOMIS – LET’S GET ACQUAINTED



## TO BE COMPLETED BY PARENTS

Camper’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Sessions Enrolled:  Session 1  Session 1J  Session 2  Session 3  Session 4  Session 4J

Next School Grade: \_\_\_\_\_  Public School  Private School

To maximize the potential for your child to have a successful camping experience, we need your help. Please assist our staff by completing and returning this form at least two weeks in advance of arrival to camp. Recent developments are particularly important to note, especially for returning campers.

1.) Is this your child’s first long-term experience away from home? (i.e. first overnight camping experience, first extended period without family present):  Yes  No If not, has your child been to one of our camps before?  Yes  No

Name of the camp: \_\_\_\_\_ Number of Years: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

2.) Would you say your child is average, old, or young for his/her age? \_\_\_\_\_

3.) Does your child have siblings?  Yes  No If yes: # of Sisters: \_\_\_ Ages: \_\_\_\_\_ # of Brothers: \_\_\_ Ages: \_\_\_\_\_  
How does your child interact with peers and/or siblings?: \_\_\_\_\_

4.) Have there been any recent events that could influence your child’s attitude or behaviors (i.e. death, divorce, recent move, new school, etc.)?: \_\_\_\_\_

5.) How does your son or daughter normally spend his or her time?: \_\_\_\_\_

6.) Please identify any medical issues of which the cabin counselor should be aware: \_\_\_\_\_

7.) Please describe any serious eating problems or food allergies: \_\_\_\_\_

8.) What does your child hope to accomplish at camp?: \_\_\_\_\_

9.) From your perspective as a parent, what are your expectations for your child’s experience?: \_\_\_\_\_

10.) In a few sentences, please describe your son/daughter: \_\_\_\_\_

Please use the back of this form to comment on anything else you think we need to know. Thank you for your time.

**IF RETURNING FORM BEFORE MEMORIAL DAY (May 26, 2014) PLEASE RETURN TO:**

101 Amesbury Street; 4<sup>th</sup> Floor, Lawrence, MA 01840

**IF RETURNING FORM AFTER MEMORIAL DAY, PLEASE RETURN TO:**

Camp Lawrence or Camp Nokomis

Via U.S. Mailboat

Laconia, NH 03246