

# Michindoh Camper Profile

List session of camp attending \_\_\_\_\_

Camper Name \_\_\_\_\_

Name Preferred \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade next Sept. \_\_\_\_\_

It is our desire while at Michindoh each child will grow socially, physically and spiritually. Your cooperation in filling out this form will help the child's counselor better prepare to provide encouragement and support to help make the experience as beneficial as possible. This form is optional, as is each individual response. If you feel an area is too sensitive or confidential to share, you may speak personally with the Counselor or Program Administrator when you bring your child to camp. In order to help our staff, please include a recent photograph of each child.

Home Church: \_\_\_\_\_ Address: \_\_\_\_\_

Organization (If attending with a group): \_\_\_\_\_ Address: \_\_\_\_\_

Has your child been to camp before? \_\_\_\_\_ How long was the stay? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

If not, has your child been away from home alone for two or more days? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Is the camper living with both parents? \_\_\_\_\_

Number of siblings \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

Which personality traits best describe your camper? (circle all that apply)

Outgoing      Passive      Shy      Active      Sensitive  
Cheerful      Moody      Restless      Easygoing

What are your camper's greatest interests? \_\_\_\_\_

\_\_\_\_\_

What groups is he/she active in? (Church, school, sports, etc.) \_\_\_\_\_

\_\_\_\_\_

In what ways can we best help your camper in the area of personal growth?

\_\_\_\_\_

\_\_\_\_\_

Are there any specific limitations or conditions we should know about in order to better understand and help your camper (homesickness, bed wetting, etc.) \_\_\_\_\_

\_\_\_\_\_