

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.) _____
