

ELBOW LANE DAY CAMP
828 Elbow Lane, Warrington, PA 18976

2014 CAMPER DATA SHEET

Please complete and return this form by **May 15th**. Information will be shared with group counselors, unless otherwise specified. It is essential that you include all information in order to assure your child has a happy, healthy and productive summer. Your wholehearted cooperation will enable the camp staff to use this information toward the intelligent guiding of your child from the first day of camp.

Camper's Name _____ Nickname _____

Date of Birth _____ Grade in Sept. 2014 _____

School Attending _____

Is your child outgoing? _____ Reserved? _____ Do you anticipate any adjustment problems?

If so, describe _____

Is there any health conditions/allergies/dietary concerns of which the counselor should be aware?

If so, describe _____

Does your child display consistent, physical symptoms before the onset of illness, of which the counselor should be aware? _____

Special programs or activities camper is involved in:

_____ Gifted _____ Support _____ Band/Music _____ Drama
_____ Athletics (specify) _____ Other (specify) _____

Does your child exhibit anxiety over any of the following: _____ pools/swimming; _____ thunder;
_____ heights; _____ clowns; _____ other (describe): _____

Previous camp experience _____ Number of years at Elbow Lane _____

Is the camper enthusiastic about coming to Elbow Lane? _____

Special requests, if any (other than group placement -- "bunks" are now set) _____

Minors (preschool age) only - Does camper require a nap? Yes No

Please use the back of this form to list any other factors that will lead to a more complete understanding of your child.