



Mail back
this form by
June 1



AMERICA'S CAMP

Please Mail To:
3 New King Street
White Plains, NY 10604

This profile form is very important and should be **filled out completely by a parent or guardian**. The information will be reviewed by the directors and shared primarily with the child's head counselor and cabin counselors, plus any other staff who work with the child in areas where this information would be helpful. For any item, please feel encouraged to attach additional writing or information that will help us successfully take care of the child.

1. **Camper's Name:** _____

2. **Prefers To Be Called:** _____

3. **Age:** _____ **Entering Grade:** _____

4. **This will be his/her** _____ **year at AC. (1st, 2nd, 3rd... 10th etc.)**

5. **Siblings at camp (name/age):** _____

6. **Siblings at home (name/age):** _____

7. **How has his/her past year been?** Difficult Fair Good Excellent

(Details) _____

8. **Health Concerns:** Should your child's counselor check with the camp health center about any allergies, dietary needs, eating habits, or medical concerns that have been described on the camper's medical forms that you submitted?

Yes No (check one)

9. **Coming To Camp.** Does your child have any worries or concerns about attending America's Camp this summer?

Yes No (check one)

Details: _____

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