



**CAMPER INFORMATION FORM**  
**ABCRM Camping at Quaker Ridge Camp**  
**July 11-17, 2010**

This form is to be completed by a parent or guardian. The following questions will aid your camper's group leader and coordinator to meet your child's needs. Please answer all questions honestly and thoroughly.  
***Please print legibly.***

**CAMPER**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female

Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Has your child attended camp before?  Yes  No

Does your child like school?  Yes  No \_\_\_\_\_

What are your child's favorite subjects? \_\_\_\_\_

What are some of your child's hobbies or interests? \_\_\_\_\_

Does your child tend to feel homesick when away from home alone?  Yes  No

Does your child make friends:  Easily?  About Average?  Slowly?

Is your child comfortable or uncomfortable with new/strange situations? \_\_\_\_\_

Do both parents live in the same household?  Yes  No

Describe your child's strengths and concerns: \_\_\_\_\_

Is there anything in particular you would like your child's camp leader to know in order to be most helpful to your child?

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Special Instructions/please room with etc. \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_