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CAMPER INFORMATION PROFILE

Name of Camper _____ Birth Date: _____

Camp Shirt Size ___ s ___ m ___ l ___ xl ___ xxl

Kindly assist our Directors and Staff in making each camper stay at camp a very happy one by submitting the following information.

1. Has camper attended camp before? _____ If yes, which ones? _____

a. Campers attitude towards past camp experiences: _____

b. Number of experiences away from home (circle): ___ a lot ___ a handful ___ hardly any ___ none

C. Campers ability to adjust new situations & people (circle): excellent good fair has difficulty

2. Pertaining to camp:

a. Campers attitude about attending Camp Pennbrook (circle): enthused hesitant unenthused

b. Activities camper is looking forward to doing: _____

c. Campers expectations and goals for camp experience: _____

d. Parents expectations and goals for camp experience: _____

e. Any particular concerns or issues camper has that may affect her behavior at camp: _____

f. Activities/Hobbies/Interests: _____

g. Favorite things to talk about: _____

h. In talking and relating to others she: ___ shares easily ___ is shy ___ tends to over share ___ needs to be invited

i. Participates in group activities: ___ easily ___ when encouraged ___ with reluctance ___ hardly ever

j. How does your child deal with conflict: _____

k. What kinds of things comfort your camper or put her at ease? _____

l. If your child has a problem, concern, difficulty (emotional or physical) how does she express it?

m. Does your child have any characteristics that require special attention? _____

n. Does your child have any limitations or restrictions on camp activities? _____

o. What are ways that your daughter's counselors can help her deal with a problem if she has one?

One on one conversation time to cool off relaxing music short walk

___Journaling ___provide activity to keep busy ___initiate group activity

Other: _____

p. What type of movies is camper permitted to watch? ___PG ___PG-13 ___R

(Camp reserves the right to chose appropriate movies for the group)

3. Health Concerns: a. List any dietary needs: _____

b. Sleeping habits/concerns (bed wetting, sleep walking, and night terrors): _____

C. Is your child taking prescribed medication for a chronic or ongoing illness or condition, such as Asthma, Attention

Deficit Disorder, Diabetes, etc? If yes please elaborate _____

4. If applicable, name any two camper close in age and grade that your camper might like to room with

Camp Readiness: Parents please review & check-off these issues with your daughter

___ My daughter understands that she will be expected to follow the camp rules during her stay.

___ My daughter is prepared to treat others with kindness and respect (not tease, bully or put down others) .

___ My daughter is prepared to take responsibility for her own hygiene on a regular basis (brush teeth, shower, wash hair, deodorant, etc).

___ My daughter understands that camp is not responsible for any damage to personal belongings.

___ My daughter is prepared to keep her space tidy.

___ My daughter is prepared to go to a counselor if she is having any type of issues during her stay.

Additional Comments to Counselors _____

*Please feel free to attach any additional notes that might be helpful.

Date _____ Signature _____ Name _____