



73 East Valley Brook Road
Long Valley, NJ 07853
Phone: (908) 876-3429

CAMPER PROFILE FORM

Office Use Only

G:

Camper Name: _____ Grade Next September: _____

**TO BE COMPLETED BY PARENT / GUARDIAN FOR EACH CAMPER.
PLEASE BE AS SPECIFIC AND HONEST AS POSSIBLE.**

Our goal at Meadowbrook is for every camper to have a successful summer. This form gives you the opportunity to provide specific information that you feel we should be made aware of prior to the start of camp so that we can work as partners in creating a great summer for your child.

Is this your child's first summer at Meadowbrook? Yes / No

Is this your child's first camp experience? Yes / No

Eating Concerns (if any): _____

Swimming Concerns (if any): _____

Any Special Issues Directors/Division Heads/Counselors should be made aware of: _____

Please explain anything that has occurred that might affect the camper's behavior: _____

Please tell us about your child's social, emotional and physical development, personality, moods, etc. THAT MAY IMPACT on his/her camp experience: _____

Tell us about any concerns regarding your child's relationship with his/her peers (please be as specific as possible): _____

(PLEASE COMPLETE REVERSE SIDE)

Does your child have any significant fears that we should be aware of (e.g. - thunderstorms, lightening, costumes, the dark, loud noises, animals, deep water, heights, roller coasters, etc.): _____

Are there any restrictions to your child's activities this summer? _____

Does your child take any medication? If so, what and how often? (Please be sure to complete a Camper Medication Form) _____

What would you like your child to gain from this summer's camp experience? _____

Any additional information that you think we should know about your child and your family's expectations for this summer: _____
