

CAMP MOUNT LUTHER CAMPER PROFILE

To Parents: Our staff can provide your camper with the best possible camp experience this summer if we know as much about him/her as possible. We would appreciate your courtesy and interest if you would fill out this profile. It will be confidential, shared only with the child's counselor, our camp nurse and directors. Please complete the general information below, have your child fill out the second half of this page, and then you fill out the back.

Camper's Name: _____	[] Male [] Female
Camp Program: _____	Week Date: _____
Well-liked nickname: _____	Grade entering: _____
Years at camp: _____	
Father's name: _____	Mother's name: _____
Age of brothers: [] [] [] []	Age of sisters: [] [] [] []
Pets (type and name): _____	
Other relatives living at home? _____	
In case of divorce or separation, with whom does the camper live?	
_____	_____
name	relationship

Dear Camper,

This is a chance for you to indicate to your counselor some of your interests in coming to camp. Completing this form and returning it will help your counselor prepare for your arrival.

I expect my counselor to:

I would like to do these things at camp:

While at camp, I would like to learn:

Some of the things I can do well are:

I struggle with questions about ____ prayer, ____ faith, ____ death, ____ morals, ____ sin, ____ God

Please list other topics of concern:

For Parents to Fill Out:

Major interests, hobbies, talents, skills and abilities of my child?

When is your camper most creative?

What responsibilities does your camper have at home?

Are there any circumstances or behaviors that you think will affect your camper at camp?

What is the swimming skill of your camper? very good _____ fair _____ beginner _____

What experience has your child had in living and working within a group of people?

What social contacts does your camper have with others his/her age?

Makes friends: easily _____ fairly easily _____ with difficulty _____

Most friends are: older _____ younger _____ same age _____

Relates best to adults who are _____ male _____ female _____ either

Other information that would be helpful to a counselor:

What do you hope your child will get out of this experience?

Signature: _____
Parent/Guardian relationship date

PLEASE BRING THIS ON REGISTRATION DAY AND GIVE TO YOUR CHILD'S COUNSELOR WHEN YOU CHECK IN AT THE CABIN!