

2020 CAMPER PROFILE

Parent/Guardian: Please complete this Camper Profile carefully and return to Camp Grossman. It will help us to better serve your child. This form will be separated from your application upon receipt and filed confidentially. It will be available to Supervisory Staff only. Please provide current information (even if you have completed this form in the past).

Child's Name _____

Address _____

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____
 cell home work cell home work

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____
 cell home work cell home work

SCHOOL AND CAMP EXPERIENCE

Which school does your child attend? _____ Present Grade _____

Please describe any special services your child receives at school: _____

Has your child attended camp before? _____ Where? _____

What other camps or summer programs did you consider for your child this summer? _____

What factors were important in your decision to send your child to Camp Grossman?

- Location Staff General Program Child's Friends Attending Jewish Programming
 Reputation Cost Facility Referral From Friends Other _____
 Returning Camper

FAMILY

Marital status _____ Number of children? _____

If parents are separated or divorced, what is the custody arrangement? _____


With whom does the child live? _____

Grandparent name(s) _____

Grandparent Address _____ City _____ State _____ ZIP _____

Grandparent Phone Number _____ Grandparents Email _____

OFFICE USE ONLY: Bunk # _____ Child ID # _____

Please turn over 

2020 CAMPER PROFILE (CONTINUED)

HOME

Has your family moved in the last six months? _____ From where? _____

Please describe any traumatic experiences in the family: _____

CHILD

Please describe your child: _____

What are your child's most positive qualities? _____

Areas in need of strengthening? _____

Current interests? _____

Activities your child dislikes? _____

Camper's special needs are: _____

What are your child's peer relations like? _____

How does your child act in a group? _____

Is your child receiving any behavioral health services? If so, please explain: _____

JEWISH EXPOSURE

Do you belong to a synagogue? _____ If so, which one? _____

Does your child attend religious school? _____ If so, which one? _____

Family observances? _____

OTHER

Please share any other information that you think might be helpful to facilitate a successful camp experience.

Signature _____ Date _____