CAMP LAWRENCE/CAMP NOKOMIS - LET'S GET ACQUAINTED

TO BE COMPLETED BY PARENTS

Camper's Name:		Age:				
Date of Birth:				Female		
Sessions Enrolled:		\square Session 1J	☐ Session 2		☐ Session 4	☐ Session 4J
To maximize the poten completing and returni important to note, espo	ng this form at least	two weeks in adv		•	•	
1.) Is this your child's fi without family present Name of the camp:): □ Yes □ No	If not, ha	as your child bee	n to one of our ca	amps before? \Box	Yes □No
2.) Would you say your	child is average, old,	or young for his/	her age?			
3.) Does your child have How does your child in						
4.) Have there been an school, etc.)?:						
5.) How does your son	or daughter normally	spend his or her	time?:			
6.) Please identify any i	medical issues of whi	ch the cabin coun	selor should be	aware of:		
7.) Please describe any	serious eating proble	ems or food allerg	ies:			
8.) What does your chil	d hope to accomplish	n at camp?:				
9.) From your perspect	ive as a parent, what	are your expecta	tions for your ch	ild's experience?	:	
10.) In a few sentences	, please describe you	r son/daughter:				

Please use the back of this form to comment on anything else you think we need to know. Thank you for your time.

IF RETURNING FORM BEFORE MEMORIAL DAY PLEASE RETURN TO: 360 Merrimack Street; Building #9, Suite 270, Lawrence, MA 01843

IF RETURNING FORM AFTER MEMORIAL DAY, PLEASE RETURN TO:

Camp Nokomis: 80 Bear Island, Laconia, NH 03246 Camp Lawrence: 187 Bear Island, Laconia, NH 03246