

To ensure that your camper has the best experience we would like to learn more about her. This information will be shared with staff working with your campers. Thank you for your time and assistance.

Camper Name:	
Primary Phone:	Email:
Mark all camps your camper is attending:	
Camp Segonku	Camp Currie
	Camp Julianna

Has she attended day camp before? Yes No

If so number of years? _____ Where? _____

1. Tell us about your camper, likes, interests, dislikes....
2. What is your camper excited about at camp?
3. How does your camper relate to other girls her age?
4. Is there anything that you are concerned about for your camper at camp?
5. Is there anything else you would like us to know or be aware of to ensure your camper has the best experience possible?

Please submit to the registrar of your day camp at the time of registration.