



# PROFILE QUESTIONNAIRE

Code # \_\_\_\_\_

This form is ONLY for campers who did NOT use the online registration system.

Please answer each question. Our staff would like to provide your child with the **best possible camp experience** this summer. The more we know about your child, the easier it will be to meet this goal. This form will be kept CONFIDENTIAL: only your child's counselor will read it.

**ADDITIONAL COMMENTS MAY BE WRITTEN ON THE BACK OF THIS FORM. – please complete, then mail or email this form to camp asap!**

Camper's full name \_\_\_\_\_ Preferred Nickname? \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  Female  Male

Has your child been away from home before? \_\_\_\_\_ Where and how long? \_\_\_\_\_

Name of Camp Program(s) attending: \_\_\_\_\_ Years at camp: \_\_\_\_\_

Mother/Guardian 1's name: \_\_\_\_\_ Father/Guardian 2's name: \_\_\_\_\_

Names and ages of siblings (or write NONE): \_\_\_\_\_

In case of divorce or separation, with whom does the camper live? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Custody status? \_\_\_\_\_

What are your child's favorite interests, hobbies, activities, and/or sports?

Are there any problems that you think will affect your child while at camp? (e.g.: Homesickness, sleepwalking, anxiety, bedwetting, moodiness, behavior, etc.)

Describe the areas in which you would most like to see growth in your child from this Christian camping experience:

What experiences is your child most looking forward to while at camp?

Could your child use extra help with anything while at camp? \_\_\_\_\_ If yes, please describe how we can help:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT SUGAR CREEK BIBLE CAMP?

- Advertisement – billboard, newspaper, etc.
- Word of Mouth- friend, relative, classmate, etc.
- Been to SCBC before
- Other \_\_\_\_\_
- Church