



PROFILE QUESTIONNAIRE

This form is ONLY for campers who did NOT register online.

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

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: _____

Please send or email this form to us at your earliest possible convenience and no later than 2 weeks prior to the start of your child's camp week. If it doesn't reach us in time your child's counselor will not have the chance to read this form.

Email form to: office@sgrcreek.org
Or mail to: Sugar Creek Bible Camp 13141 SCBC Rd. Ferryville, WI 54628
www.SugarCreekBibleCamp.org