

CHILD PROFILE (optional)

Child's Name _____

How many children are in your family? _____ Is he/she: oldest _____ middle _____ youngest _____

In what ways does your child react to other siblings? _____

Your child's grades in school are: high _____ average _____ low _____ Reading ability? _____

What form of discipline works best with your child if he/she misbehaves? _____

Is your child generally a: morning person _____ or night person _____ What are your child's hobbies? _____

Has your child ever been away from home overnight? _____ Their response (homesick, fear, etc.)? _____

What fears does your child have? _____

Does your child attend Sunday School? _____ Church? _____ Other _____ Child's Bible knowledge is: Good/fair/none

In what ways do you think camp will have the best effect on your child? _____

Please give a brief biographical sketch of your child. This may include personality, school history, and family make-up. This information may be helpful for us in getting to know your child. _____

Have there been any significant life changes within the last year or situations that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify it for us? _____

Please use other side if necessary. *Thank you for sharing information which will help us get to know and understand your child.*

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