

**PARENTS  
LET'S GET ACQUAINTED!**

Thank you for entrusting us with your child! We do everything within our power to make camp a safe and fun time of growth for the children who attend. We take seriously the amount of trust you place in our staff to make this experience a positive one for your child. To better minister to your child, it is helpful for us to have some information prior to their arrival. Please take a few moments to fill out this form. THANKS! We are looking forward to having a great week with your young person at camp.

Camper's Name \_\_\_\_\_

Camper's Mailing Address \_\_\_\_\_

Camper's Phone number \_\_\_\_\_ E-mail address: \_\_\_\_\_

Grade camper will enter in the fall \_\_\_\_\_ Date of birth \_\_\_\_\_

Has the camper ever been to camp before \_\_\_\_\_ If NO, is this the camper's 1<sup>st</sup> overnight experience? \_\_\_\_\_

If YES, which camp(s)? \_\_\_\_\_

Names of siblings \_\_\_\_\_

What do you hope your child will gain from coming to camp? \_\_\_\_\_

What would you say are your youth's positive attributes? \_\_\_\_\_

Please check any of the following that would apply to your youth (note frequency or severity):

Nighttime concerns (like sleepwalking) \_\_\_\_\_

Physical Disability (specify): \_\_\_\_\_ Learning Disability (specify): \_\_\_\_\_

Other special needs your youth has \_\_\_\_\_

Are there any special events happening just before, during or just after camp which are anticipated by the camper? \_\_\_\_\_

Any other comments you wish to make about your youth \_\_\_\_\_

Phone # where you can be reached during the camp week \_\_\_\_\_

THANK YOU!

# CAMPER LET'S GET ACQUAINTED!

We would like to know a little about you before you come to camp so we can be better prepared to minister to you and to have a great time! Please take a few minutes to fill out this form and mail it to:

VP MINISTRIES  
PO Box 559  
Manlius, NY 13104

THANKS! We are looking forward to having a great week with you at camp.

Camp you will be attending (circle one) PATHFINDER LODGE/CAMP VICK Session \_\_\_\_\_

YOUR NAME \_\_\_\_\_ Grade in fall \_\_\_\_\_

Full Address \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_\_

Do you have a nickname you prefer to be called: \_\_\_\_\_

What do you enjoy doing? \_\_\_\_\_

What are your special abilities? \_\_\_\_\_

How do you relax? \_\_\_\_\_

Do you attend church? \_\_\_\_ If YES, how often? \_\_\_\_ Pastor's Name \_\_\_\_\_

Church Name & Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Names and relationship of those living at home with you \_\_\_\_\_

What are your church related activities? \_\_\_\_\_

What are your school related activities? \_\_\_\_\_

Is there a friend you would like to bunk with while at camp? \_\_\_\_\_

(Note, not all requests can be granted, your friend must also list you on their form)

What are you hoping to get out of attending camp? \_\_\_\_\_

Would you consider yourself a Christian? \_\_\_\_ Please explain: \_\_\_\_\_

What else would you like us to know about you? \_\_\_\_\_

**SEE YOU AT CAMP!** Now give this form to your parents, it's their turn to fill in the blanks! **(over)**