

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 so we may be prepared. Please take a few moments to fill out this form, and mail it to:

VP MINISTRIES  
PO Box 559  
Manlius, NY 13104

Younger campers may need help with their form, please assist them as needed. THANKS! We are looking forward to having a great week with your child at camp.

Camper 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)? \_\_\_\_\_

Does the camper attend church? \_\_\_\_\_ If YES, how often? \_\_\_\_\_

Church name & denomination: \_\_\_\_\_

Pastor's name & address of the church \_\_\_\_\_

Names & relationship to camper of adults living at home: \_\_\_\_\_

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

Does the camper have pets? \_\_\_\_\_ If YES, what types \_\_\_\_\_

What activities does your child enjoy doing? \_\_\_\_\_

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

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

Bedwetting \_\_\_\_\_ Sleepwalking \_\_\_\_\_

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

Other needs your child 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 child \_\_\_\_\_

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

THANK YOU!

(OVER)

# CAMPER

## LET'S GET ACQUAINTED!

Now it's your turn. We would like to know a little about you before you come to camp so we can be better prepared to help you have a good time! Please take a few minutes to fill out this form. 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) \_\_\_\_\_  
First Last

FULL ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ AGE \_\_\_\_\_

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

What are your favorite activities? \_\_\_\_\_  
\_\_\_\_\_

What are your special abilities (things you do very well)? \_\_\_\_\_

Please check the activities you have done before:

- Sunday School \_\_\_\_\_
- Vacation Bible School \_\_\_\_\_
- Scouts/4H \_\_\_\_\_
- Family Camping Trips \_\_\_\_\_
- Overnight Camp \_\_\_\_\_
- Day Camp \_\_\_\_\_

Other types of clubs (please list): \_\_\_\_\_

Sports (please list): \_\_\_\_\_

Music (list instrument(s) or vocal) \_\_\_\_\_

If there were one friend you would like to bunk with while at camp (not a brother or sister), who would that be? \_\_\_\_\_

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

What are you most looking forward to at camp? \_\_\_\_\_  
\_\_\_\_\_

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

**SEE YOU AT CAMP!**