



CIT/Intern Profile

#1

Do this soon!

E-mail a digital camper photo to summers@srdaycamps.com.

We need to be able to view camper's face clearly (please no sunglasses or hat) Or, attach a school photo that we keep.

#2

Complete and return this profile upon receipt.

This form will be viewed by your child's counselors and Divisional Director.

About My Child

Camper's First Name _____ Last Name _____ Date of Birth _____

School Child Currently Attends _____ Current Grade Level _____

School Child Will Attend in September _____ Grade Level for September _____

Favorite Activity _____

Health and Welfare

• Are there any allergies: food, drug, environmental, insect, etc? ☐ No ☐ Yes

If yes, please specify: _____

Will your child have an Epi-Pen at camp? ☐ No ☐ Yes For what Allergy? _____

• Is your child under the care of a psychologist/psychiatrist/therapist or are there any outside intervention agencies involved in your child's development? Any special needs or additional supervision? ☐ No ☐ Yes

If Yes, please describe: _____

• Does your child have any fears of which we should be aware? If yes, please specify: _____

Family Situation

• List family members with whom your child primarily lives. If shared residences or custody, please indicate: _____

• Are there any changes or conditions that might affect your child's well-being, such as illness of a family member, parents expecting a new baby, parents' separation or divorce, or move to a new home or school, etc? _____

• Are there any visitation restrictions of which camp must be aware? ☐ No ☐ Yes If yes, Please specify: _____

If such a legal restriction exists, a copy of the current Court Order must be on file at camp. Every camper, regardless of family issues or disputes, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation.

Parent/Guardian Signature _____ Date _____

Please share any additional information about your child:
