

CAMP CAYUGA CAMPER PROFILE FORM

FOR OFFICE USE ONLY:

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| <input type="checkbox"/> Counselor #1 | <input type="checkbox"/> Waterfront Director | <input type="checkbox"/> Intercamp Director |
| <input type="checkbox"/> Counselor #2 | <input type="checkbox"/> Equestrian Director | <input type="checkbox"/> Athletic Director |
| <input type="checkbox"/> Counselor #3 | <input type="checkbox"/> Arts Director | <input type="checkbox"/> Program Staff |
| <input type="checkbox"/> Division Director | <input type="checkbox"/> Tennis Director | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Medical Staff | <input type="checkbox"/> Adventure/Wilderness | <input type="checkbox"/> Camp Administrator |

RETURN THIS FORM 3 WEEKS BEFORE YOUR CAMPER'S ARRIVAL.

SUMMER ADDRESS (mail here after June 3rd): Camp Cayuga, 321 Niles Pond Road, Honesdale, PA 18431. (570) 253-3133, Fax: (570) 253-3194.
BUSINESS OFFICE: Camp Cayuga, PO Box 151, Peapack, NJ 07977 USA. Telephone: (908) 470-1224, Fax: (908) 470-1228.
Email: info@campcayuga.com. Website: www.campcayuga.com

INSTRUCTIONS: This is an optional form completed by parents who'd like to share information about their child. Our knowledge of your child's interests can be very valuable in providing guidance this summer, especially since our activity program provides great latitude for individual choice. This form is reviewed by your child's Division Director and shared, when deemed appropriate, with your child's cabin counselors. In addition, it will be directed to the appropriate supervisory personnel (Department Heads) if warranted by the concerns you highlighted. If possible, attach/staple a recent photograph (2" by 2") of your child. The photo is not mandatory.

CAMPER'S NAME (please print): _____

Your child's Session: Full Season, First 6-Weeks, Last 6-Weeks, First-Half, Middle-Half, Second-Half, Other.
Mini-Session: First 2-Weeks, Second 2-Weeks, Third 2-Weeks, Last 2-Weeks.

Entering grade _____ in September. Gender: Male or Female. Residing on: Junior Campus or Teen Campus.

1) Has your child previously attended sleepaway camp? No, Yes. If yes, where? _____

2) Has your child previously attended Day Camp? No, Yes. If yes, where? _____

3) Will your child have a birthday at camp? No, Yes. If yes, what's the birth date? _____

4) Does your child have any characteristics that require special attention? No, Yes. (Attach an additional sheet if necessary.)

5) Are there any "athletic" skills you'd like your child to improve upon this summer? No, Yes. If yes, explain.

6) Are there any "artistic" skills you'd like your child to improve upon this summer? No, Yes. If yes, explain.

7) Are there any "social" skills you'd like your child improve upon this summer? No, Yes. If yes, explain.

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8) Are there other areas of the camp experience that are of special concern to you? No, Yes. If yes, explain.

9) What benefits do you expect your child will derive from the summer camp experience? No, Yes. (Attach an additional sheet if needed.)

10) Is your child currently taking prescribed medication for a chronic or ongoing illness or condition, such as Asthma, Attention Deficit Hyperactivity Disorder, Diabetes, etc? No, Yes. If yes, please elaborate.

11) Does your child have allergies that cause a severe reaction, such as anaphylaxis or difficulty breathing? No, Yes. If yes, please elaborate. Note: If your child carries an EpiPen, bring it to camp.

12) Does your child have any special dietary restrictions? No, Yes. If yes, explain. Is your child a vegetarian? No, Yes.

13) Does your child have any limitations or restrictions on camp activities? No, Yes. If yes, please explain.

14) Any other pertinent information you'd like to share? No, Yes. If yes, please elaborate.

CAMPER'S NAME (print): _____

PARENT'S SIGNATURE: _____ Date: _____