

Upper New York
CAMP & RETREAT CAMPER "LET'S GET ACQUAINTED" FORM
Ministries

Hey Camper, this form is for YOU to complete!

My name _____ My nickname: _____
First Name Last Name

The program I'm attending at camp is _____

My age at camp will be _____ The grade I just finished in school is _____

The name of my town/village/city is _____ My favorite subject in school is _____

I live with my: Mom Dad Step-parent Sister(s) Brother(s) Cousin(s) Grandparent(s)
 Other _____

This will be my FIRST time at camp OR I've been to camp _____ times at _____

Which programs have you attended? _____

The real reason(s) I signed up for camp is/are _____

Some activities I'd like to do at camp are: *(please check all that apply)*

- | | | | | | |
|------------------------------------|--|--|-------------------------------------|---|---|
| <input type="checkbox"/> sing | <input type="checkbox"/> row a boat | <input type="checkbox"/> canoe | <input type="checkbox"/> play games | <input type="checkbox"/> eat | <input type="checkbox"/> learn about the Bible |
| <input type="checkbox"/> go hiking | <input type="checkbox"/> build campfires | <input type="checkbox"/> go fishing | <input type="checkbox"/> cook out | <input type="checkbox"/> swim | <input type="checkbox"/> try new things |
| <input type="checkbox"/> do crafts | <input type="checkbox"/> act/perform | <input type="checkbox"/> play sports | <input type="checkbox"/> worship | <input type="checkbox"/> make ice cream | <input type="checkbox"/> learn about nature |
| <input type="checkbox"/> read | <input type="checkbox"/> sleep out | <input type="checkbox"/> draw | <input type="checkbox"/> star gaze | <input type="checkbox"/> hang out | <input type="checkbox"/> challenge course |
| <input type="checkbox"/> relax | <input type="checkbox"/> dance | <input type="checkbox"/> make an art project | <input type="checkbox"/> have fun | <input type="checkbox"/> make friends | <input type="checkbox"/> talk with my counselor |

The 3 things I'm most looking forward to at camp are _____

The 2 things I do the best are _____

I make friends: *(please check one)* Very Easily Pretty well It's hard to make friends

What are 2 things you like to do with your friends? _____

Are you coming to camp with some friends? *(please check one)* Yes No If yes, how many? _____

Are they friends from camp or school or church? *(please check all that apply)* Camp School Church

Do you want to make new friends? *(please check one)* Yes No Why or Why not? _____

I go to church: *(please check one)* Always Sometimes Never

The name of my church is _____

1 thing I like about church is _____

Something I wish was different at church is _____

1 question I'd like to ask God is _____

1 word that describes Jesus to me is _____

1 thing I wonder about the most is _____

2 things I am most afraid or worried about are _____

This is how I would describe my swimming ability: *(please check one)*

- I don't know how to swim, and I don't like the water.
- I don't know how to swim, but I like the water.
- I am a swimmer, but still learning.
- I am a strong swimmer, know strokes, and dive.

** If you have been to this site before, what was your swimming level? _____

Write 3 ways your counselor could be the best counselor ever:

- » _____
- » _____
- » _____

While you probably won't meet your counselors until you get to camp, if you had a question to ask them now, what would it be? _____

Other things I'd like my counselor to know are _____

To provide the best possible experience for everyone, I am aware that having weapons, alcohol, drugs, or cigarettes or inappropriate behavior at camp will result in my dismissal from camp. I know that I should leave at home these items: radios/CD/mp3/iPods, cell phones, money/expensive clothing/valuables, video games, hair dryers/curling irons, aerosol cans, inappropriate clothing, food/candy, weapons, and alcohol/drugs/cigarettes. I agree not to bring them to camp, and understand that all electronic devices brought to camp will be kept in the office until departure at the end of my program.

Camper's Signature

Date

Please return all paperwork—to the site you will be attending first—at least three (3) weeks prior to arrival at camp

Aldersgate 7955 Brantingham Rd Greig NY 13345	Asbury PO Box 218 Silver Lake NY 14549	Casowasco 158 Casowasco Dr Moravia NY 13118	Sky Lake 501 William Law Rd Windsor NY 13865	Skye Farm 1884 E. Schroon River Rd Warrensburg NY 12885
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Upper New York
CAMP & RETREAT PARENT/GUARDIAN QUESTIONNAIRE
Ministries

Hey parent/guardian/caregiver of an awesome camper, this form is for YOU to complete!

My camper's name _____ Their nickname _____
First Name Last Name

The program they are attending at camp is _____

Name of person completing form _____ Relationship to camper _____
First Name Last Name

This summer, your child will be coming to camp to live with others their own age and with well-prepared counselors and staff of the highest caliber. These questions are designed to give your child's counselor and leadership staff a head start in getting to know your child to prepare for their time at camp. By providing honest input concerning your camper's emotional, physical, and social needs, you help us to ensure that they have the best camping experience ever. This confidential information will be shared only with those staff who will work closely with your child. If there is sensitive information you wish to disclose to a member of the leadership staff regarding a particular question or situation, please indicate that you would prefer to discuss this via phone and we will contact you. Feel free to use additional pages as necessary.

After completing this questionnaire, please work with your camper to complete their own "Camper 'Let's Get Acquainted' Form." **Completed forms should be returned at least three (3) weeks before your child attends their program. As many things change in a camper's life, previous forms are not retained. Thank you for your help in ensuring a great week for your child!*

I am sending my child to camp for the following reasons _____

How does your child feel about going to camp? (please check one) Confident Excited Nervous Apprehensive

What is your child most looking forward to at camp? _____

How well does your child make friends? (please check one) Very easily Fairly well With difficulty

Is your child afraid of darkness, people, animals, water, storms, or anything else? _____

Describe your child's sleep habits? (please all that apply) Sleeps soundly Sleeps Restlessly Sleepwalks Wets bed regularly

How do you handle sleepwalking/bedwetting? _____

How does your child react when staying overnight away from parents, siblings, or other relatives? (please check one)

- Has fun & adjusts easily Homesick Fine during the day, upset at night
 Camp will be the first time Scared

The following describes my child's typical group behavior: (please check all that apply)

- | | | | | | | |
|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> brave | <input type="checkbox"/> caring | <input type="checkbox"/> helpful | <input type="checkbox"/> respectful | <input type="checkbox"/> honest | <input type="checkbox"/> shy | <input type="checkbox"/> confident |
| <input type="checkbox"/> happy | <input type="checkbox"/> thoughtful | <input type="checkbox"/> gentle | <input type="checkbox"/> energetic | <input type="checkbox"/> friendly | <input type="checkbox"/> open | <input type="checkbox"/> enthusiastic |
| <input type="checkbox"/> scared | <input type="checkbox"/> loner | <input type="checkbox"/> needy | <input type="checkbox"/> optimistic | <input type="checkbox"/> excited | <input type="checkbox"/> kind | <input type="checkbox"/> cooperative |
| <input type="checkbox"/> leader | <input type="checkbox"/> outgoing | <input type="checkbox"/> follower | <input type="checkbox"/> attentive | <input type="checkbox"/> reserved | <input type="checkbox"/> timid | <input type="checkbox"/> independent |

Please tell us about your child's swimming/boating experience: (please check one)

- My child is afraid of the water
 My child enjoys playing in water, but does not swim
 My child has had swim lessons, and is confident in the water
 My child knows many different strokes and can dive
 My child has had boating experience (canoe/kayak/rowboat)
 My child has never been in a boat (canoe/kayak/rowboat)

