

Who is this CAMPER of yours?

Bethel Horizons

Personal Information (Please print clearly)

Camper's Name: _____ Date of Birth (mm/dd/yy): _____

Age: _____ Current Grade in School: _____ Will your camper have his/her birthday at camp? Yes No

Program Name: _____ Date/Week Scheduled: _____

This form will be used by your camper's counselors and program coordinator. We hope that it will help us to better understand your camper and provide the best possible experience at camp. Thank you for taking the time to fill it out.

Please send to Bethel Horizons Attn: Angie, 312 Wisconsin Avenue, Madison, WI 53703 or bring to camp.

Family Details

Parent/Guardian Name: _____ Adults who live at home (Parents,

Grandparents, Guardians, etc.): _____

Number of Sisters: _____ Ages: _____ Number of Brothers: _____ Ages: _____

Overnight Experience

Has your camper been away from home before? Yes No

If yes, please check all that apply:

_____ With Family _____ More than a week _____ Overnight trips
_____ Without Family _____ Less than a week _____ Other. Please list: _____

Additional overnight information:

Characteristics and Personality

How does your camper get along with adults?

How does your camper get along with his/her peers?

What are his/her particular interests, hobbies, or extracurricular activities?

What do you hope your camper will get out of this camp experience?

What characteristics or behaviors would you like his/her counselors to know or understand about him/her?

What are your camper's sleep habits? Does he/she sleepwalk, have nightmares, or wet the bed?

Anything else you would like us to know about your camper?