

# Sugar Creek Bible Camp

## PROFILE QUESTIONNAIRE

Code # \_\_\_\_\_

Our staff would like to provide your child with the **best possible camp experience** this summer. The more we know about your child, the easier it will be to meet this goal, so please answer each question. This form will be kept **CONFIDENTIAL**: only your child's counselor will read it.

**ADDITIONAL COMMENTS MAY BE WRITTEN ON THE BACK OF THIS FORM. – please complete and mail or email this form to camp asap!**

Camper's **full** name (nickname, too): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  Male  Female

Has your child been away from home before? \_\_\_\_\_ Where and how long? \_\_\_\_\_

Camp Program(s) attending: \_\_\_\_\_ Years at camp: \_\_\_\_\_

Father or Guardian 1's name: \_\_\_\_\_ Mother or Guardian 2's name: \_\_\_\_\_

Names and ages of siblings (or write NONE): \_\_\_\_\_

### In case of divorce or separation, with whom does the camper live?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody status? \_\_\_\_\_

What are your child's favorite interests, hobbies, activities, and/or sports?

Are there any problems that you think will affect your child while at camp? (e.g.: Homesickness, sleepwalking, anxiety, bedwetting, moodiness, behavior, etc.)

Describe the areas in which you would most like to see growth in your child from this camping experience at Sugar Creek Bible Camp:

What experiences is your child most looking forward to while at camp?

Is there anything your child could use some extra help with while at camp? \_\_\_\_\_ If yes, please describe how we can help:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT SUGAR CREEK BIBLE CAMP?

- |                                                                           |                                              |                                 |
|---------------------------------------------------------------------------|----------------------------------------------|---------------------------------|
| <input type="checkbox"/> Advertisement – billboard, newspaper, etc.       | <input type="checkbox"/> Been to SCBC before | <input type="checkbox"/> Church |
| <input type="checkbox"/> Word of Mouth- friend, relative, classmate, etc. | <input type="checkbox"/> Other               |                                 |