

Sugar Creek Bible Camp

PROFILE QUESTIONNAIRE

Code # _____

This form is ONLY for campers who did NOT use the online registration system.

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? _____

Name of Camp Program(s) attending: _____ Years at camp: _____

Mother or Guardian 1's name: _____ Father 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 Christian camping experience:

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

Could your child use some extra help with anything while at camp? _____ If yes, please describe how we can help:

Signature: _____ Date: _____ Relationship: _____

HOW DID YOU HEAR ABOUT SUGAR CREEK BIBLE CAMP?

- Advertisement – billboard, newspaper, etc. Been to SCBC before Church
 Word of Mouth- friend, relative, classmate, etc. Other