



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.

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

Camper's **full** name _____ Preferred Nickname? _____

Age: _____ Birthdate: _____ Grade in Fall: _____ Female Male

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

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

Mother/Guardian 1's name: _____ Father/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 extra help with anything while at camp? _____ If yes, please describe how we can help:

Signature: _____ Date: _____ Relationship: _____

Please email form to: kati@sgrcreek.org or mail to: Sugar Creek Bible Camp
13141 SCBC Rd
Ferryville, WI 54628

at your earliest possible convenience and no later than 2 weeks prior to the start of your child's camp week.