



CAMP HAZEN YMCA CAMPER INFORMATION FORM

Camper's Name _____

Session(s) Attending (please check all that apply):

Resident Camp	A	B	C	D	E	F	Sampler Camp	1	2	3
Day Camp	1	2	3	4	5					

Parent/Guardian's Side

Dear Parent or Guardian,

Our goal is to provide the best possible camp experience for your child. In order to accomplish our goal, we do need your help. We would really appreciate your completing this form. Please know that this information will only be shared with the staff who need to know and with the best interests of your child in mind. THANKS for taking the time to share this information with us.

Has your child been to camp before? _____ How often? _____

Why are you sending him/her to camp?

Please tell us any specific goals that you want your child to accomplish this summer at camp:

Please share with us if your child has been diagnosed with any learning disabilities, emotional or behavior problems or if you have any concerns that we should be aware of to help your child have a positive experience. Feel free to use back of form if needed.

Please return to camp by May 1st

Camp Hazen YMCA • 204 West Main Street • Chester, CT 06412

Camper's Side

Dear Camper,

We are very excited that YOU are coming to camp! We hope you are too, but know you might be a little nervous as well -- especially if this is your first time. Our counselors want to know about you even before you get here. This is your chance to tell your counselor a little bit about yourself.

Dear Counselor,

My name is _____

I prefer to be called _____

I am coming to camp because

- _____
- _____

Some of the things I really want to do at camp are

- _____
- _____

I am nervous about

- _____
- _____

I would also like you to know that

- _____
- _____
- _____