



NEW ENGLAND FRONTIER CAMP

Camper Information Form

2010

During the time your son is with us at camp, he will be living in a cabin with a group of boys his own age under the guidance of qualified leaders. It is our desire to know and appreciate your son as an individual and to help him develop physically, mentally, socially and spiritually. In order to help us gain some understanding of your son, we ask your cooperation in filling out this form, indicating his interests, needs and characteristics.

Name _____ Age _____ (As of 6/29/10)
Family (or Guardian): _____ Week(s) at Camp _____

Father _____ Occupation _____

Mother _____ Occupation _____

Age of Brothers _____ Sisters _____ Grade in School September '10 _____

School Activities _____

Hobbies _____

List two or three words that best describes his personality _____

Problems or limitations, asthma, bed wetting, diet, learning disabilities, etc) _____

Complete this section if you have an affiliation with a local Church:

Church you attend regularly _____

Church activities _____

Has he been to camp before? _____ Where? _____ When? _____

Any outstanding experiences at camp? _____

What main thing do you hope he will gain from his camp experience? _____

Can you think of anything else that will help us understand your son better? _____

**Please return this form and the Health Form prior to your son's arrival at Camp.
To: New England Frontier Camp 197 Quite A Rd Lovell, ME 04051**