



## ***New England Frontier Camp*** **Camper Information Form**

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 7/1/15)  
Family (or Guardian): \_\_\_\_\_ Week(s) at Camp \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Age of Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Grade in School September '15 \_\_\_\_\_

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 PO Box 72 Lovell, ME 04051**