



# NEW CAMPER INFORMATION PART I.

Please  
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picture

CAMPER'S NAME \_\_\_\_\_

GRADE IN 2012 \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SUMMER PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

SIBLINGS \_\_\_\_\_ M / F AGE \_\_\_\_\_

\_\_\_\_\_ M / F AGE \_\_\_\_\_

\_\_\_\_\_ M / F AGE \_\_\_\_\_

\_\_\_\_\_ M / F AGE \_\_\_\_\_

FATHER'S BUSINESS \_\_\_\_\_ BUSINESS # \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S BUSINESS \_\_\_\_\_ BUSINESS # \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

REFERRED TO CAMP SHALOM BY \_\_\_\_\_

HAS YOUR CHILD ATTENDED DAY CAMP? YES / NO

IF YES, THEN WHAT CAMP(S)? \_\_\_\_\_

HOW MANY TOTAL YEARS AT DAY CAMP? \_\_\_\_\_

HAS YOUR CHILD ATTENDED SLEEP-AWAY CAMP? YES / NO

IF YES, THEN WHAT CAMP(S)? \_\_\_\_\_

Summer Address: Camp Shalom, Box B, Orange Springs, FL 32182  
Phone: 352-546-2223 Fax: 352-546-3484

Winter Address: Camp Shalom, P.O. Box 160306, Miami, FL 33116  
Phone: 305-279-0401 or 1-800-279-0401 Fax: 305-279-0401

Visit us on the internet: [www.CampShalom.net](http://www.CampShalom.net)  
E-mail: [CampShalom@aol.com](mailto:CampShalom@aol.com)

# NEW CAMPER INFORMATION

## PART II.

IF YES, HOW MANY TOTAL YEARS AT SLEEP-AWAY? \_\_\_\_\_

IF YES, IS THERE A REASON WHY YOUR CHILD IS NOT RETURNING TO THE PREVIOUS CAMP?

\_\_\_\_\_

WHAT SPORTS DOES YOUR CHILD LIKE TO PLAY? \_\_\_\_\_

DOES YOUR CHILD PLAY ON ANY IN-SCHOOL OR AFTER-SCHOOL SPORTS LEAGUES? YES / NO

PLEASE LIST ALL TEAMS \_\_\_\_\_

IS YOUR CHILD RESTRICTED IN ANY WAY FROM PLAYING ON ANY SPORTS TEAMS? YES / NO

PLEASE EXPLAIN \_\_\_\_\_

PLEASE TELL US ABOUT ANY HOBBIES OR SPECIAL INTERESTS YOUR CHILD HAS \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT? YES / NO

WHAT INSTRUMENT? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, ABOUT WHICH WE SHOULD KNOW, IN ORDER TO MAKE THEIR SUMMER MORE COMFORTABLE? YES / NO

PLEASE EXPLAIN \_\_\_\_\_

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? YES / NO

PLEASE EXPLAIN \_\_\_\_\_

ARE THERE ANY DIETARY CONCERNS (VEGETARIAN, KOSHER, LACTOSE INTOLERANT, ETC...) YOU

HAVE ABOUT YOUR CHILD THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

WHAT ARE YOUR CHILDS FAVORITE FOODS? \_\_\_\_\_

ARE THERE ANY FOODS YOUR CHILD WILL NOT EAT? \_\_\_\_\_

PLEASE TRY TO DESCRIBE YOUR CHILD'S PERSONALITY TO US IN A COUPLE OF SENTENCES

\_\_\_\_\_

ARE THERE PARTICULAR CONCERNS THAT YOU HAVE, THAT YOU FEEL WE SHOULD KNOW ABOUT?

\_\_\_\_\_

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