



## Understanding Our Campers

Thank you for taking the time to complete this form. The information provided below allows us to plan appropriate activities and ensure a positive camp experience for all. Please be specific in your answers and use another piece of paper if necessary. Once this form is complete, please send it to the office via fax 978 448 0025, email [office@grotonwood.org](mailto:office@grotonwood.org) or upload directly to our website [www.grotonwood.campintouch.com](http://www.grotonwood.campintouch.com). If you have any questions please contact the office at 978 448 5763.

### Part 1 should be completed by the camper and Part 2 by a parent/guardian

#### PART 1

What is your name?

Do you have a nickname you like to be called?

Yes/No

If so, what is it?

Have you ever attended Grotonwood before?

Yes/No

Have you ever stayed away from home before?

Yes/No

What activities are you looking forward to doing at camp this year?

What are you least excited about?

Is there anything else that else we should know to ensure you have an awesome time at camp?

While at camp I agree to abide by the camp's policies, standards, and expectations, which include: being an active part of the camp community; participating to the best of my ability; accepting other campers and staff for who they are; treating other campers and staff in a friendly manner with respect; and seeking help from my counselors when I need it. I agree to not possess or use drugs, alcohol, tobacco, weapons, nor fireworks during camp. I know that I am not allowed a cell phone, eReaders, Ipods w/ internet access, etc. whilst at camp. I also agree that I will not engage in violent behavior, commit pranks, steal things, damage camp property or use inappropriate language. I realize that if I choose to violate the camp policies I may be sent home early.

Campers signature

Date

## PART 2

Does your child have any strong fears, such as animals, thunderstorms, heights, water, etc....? Yes/No

If yes, please explain what and the method for dealing with fears:

Does your child have any specific dietary requirements? Yes/No

If yes, please explain:

Any recent adjustments or family situations we should be aware of?:

Please add any additional information/concerns/apprehensions we should know about your child. Include information about homesickness, special needs, ADD/ADHD, emotional strains, or other topics that will help us understand your child better. Please use additional paper as needed: