



## CAMPER PERSONAL DATA FORM

Remit to: Camp Manitowa | PO Box 16613 | St. Louis, MO 63105

email: [dan@campmanitowa.com](mailto:dan@campmanitowa.com)

Fax: 314-685-2368

*Please note that your child's counselors will read the information in this form prior to the start of camp, so, please include information that you deem pertinent for them to know. Feel free to attach additional pages.*

Camper's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Has your child ever been to camp? Where? When?

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How does your child feel about coming to camp?

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If your child has never been away to camp, has he/she ever been away from home before? Please explain.

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How do you think your child will react to separation from the family?

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What can we do to help ease any separation anxiety from home and family that your child may have?

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In what activities does your child participate and/or enjoy? (school clubs, sports team, lessons, other groups)

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How would you describe your child?

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What are your child's strengths and challenges?

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What are your child's eating habits? (please indicate any special dietary needs or restrictions)

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How much sleep does your child require?

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What are your child's responsibilities at home?

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Please add any additional remarks/suggestions that you think would be helpful in facilitating us to make this a positive and memorable experience for your child. Please feel free to call Camp Director Dan Grabel at 314.348.6412 if you would like to elaborate, continue here:

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Thank you for taking the time to fill this form out thoroughly. We are looking forward to spending time with your child this summer.

