



# A Letter to My Counselor

(To be completed by camper)

My name is \_\_\_\_\_ . My friends call me \_\_\_\_\_ .

When I get to camp I will be \_\_\_\_\_ years old. My birthday is on \_\_\_\_\_ .

I have finished the \_\_\_\_\_ grade at school.

I have \_\_\_\_\_ brothers. Their ages are \_\_\_\_\_ .

I have \_\_\_\_\_ sisters. Their ages are \_\_\_\_\_ .

In my spare time, the things I like to do are \_\_\_\_\_

\_\_\_\_\_

I am good at \_\_\_\_\_

\_\_\_\_\_

I want to come to camp because \_\_\_\_\_

\_\_\_\_\_

The activities I want to do at camp this summer are \_\_\_\_\_

\_\_\_\_\_

I get along with friends that \_\_\_\_\_

\_\_\_\_\_

I would like to have a counselor who \_\_\_\_\_

\_\_\_\_\_

Anything else you want to tell your counselor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Returning Campers Only

While at camp last summer, the things that helped me most were \_\_\_\_\_

\_\_\_\_\_

I most enjoyed \_\_\_\_\_

I least enjoyed \_\_\_\_\_

I have a YMCA Rag or Leather:  No  Yes and the color is \_\_\_\_\_

## A Letter to My Child's Counselor

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_

This is my child's \_\_\_\_\_ year at a summer overnight camp and \_\_\_\_\_ year at YMCA Camp Collins. I want them to go to camp because \_\_\_\_\_

While at camp I hope they will \_\_\_\_\_

One skill area I want to make sure they have training in is \_\_\_\_\_

My child is a:  strong swimmer  fair swimmer  doesn't know how to swim.

They are most happy when \_\_\_\_\_

They are most unhappy when \_\_\_\_\_

They are enthusiastic about \_\_\_\_\_

They are not fond of \_\_\_\_\_

They are likely to be afraid of \_\_\_\_\_

My child's peer interactions \_\_\_\_\_

They live at home with: (Check all that apply)  Mom  Dad  Brother(s)  Sister(s)

Other \_\_\_\_\_

My child has been diagnosed as having some special needs such as learning disabilities, emotional or behavioral considerations:  No  Yes and staff can best support them by:

My child is currently taking the following medications \_\_\_\_\_

My child has the following dietary needs \_\_\_\_\_

If my child were to become homesick, I would suggest \_\_\_\_\_

Any further comments, suggestions, helpful hints? \_\_\_\_\_

**Additional information or confidential data should be listed on a separate sheet and addressed to the Camp Program Director.**