Camper Information Form

CAMPER INFORMATION FORM

All About Me!

This information will help us match your camper to a companion or camper group

Tell us a bit about yourself!

- My first and last names are:
- ... but my friends call me
- After school and on the weekends I like to:
- My favourite movie of all time, the kind of music I like listening to, and the most delicious food EVER
- If I could do anything in the world I would like to:
- The most important thing you need to know about me is:
- What I'm looking forward to the most at Camp is:
- This would be the best camp ever if we could:
- You'll be getting a cool T-Shirt at camp! What' size would you like?
- Would you like to know more about becoming a CQ ambassador?



play video gamess

thor

go to san diego

i like to be creative

meeting my friends

have the video van visit camp and trying something new at camp

Adult L

Yes

CAMPER INFORMATION FORM

Camper's Status:

My child is a:

What is your child's primary diagnosis (if any)?

Returning Patient Camper

medullablastoma

How would you rate your teenager's skills in each of the following areas?

Staying positive

Trying new things

 Interacting with peers in a group Making close friendships

Developing hobbies & interests

Overcoming obstacles

 Taking care of themselves Does you child need one to one

support to take care of their needs? Does your child have an IEP

(Individual Education Plan)? If applicable, would you be willing to share the IEP?

Almost Every

Almost Every

Almost Every

Occasionally

Occasionally

Occasionally

Almost Every

No

Yes

Yes

What would you like your child to gain from their time at camp?

please use space below to type in your answer:

be independent,