

Please Circle:
Session: 1 2
Unit:
 Golan (entering 3-5)
 Masada (entering 6-7)
 Chalutzim (entering 8-9)
 AU (entering 10)
 Machon (entering 11)

DATA

CAMPER PERSONAL DATA FORM
Remit to: Camp Livingston
8401 Montgomery Rd.
Cincinnati, OH 45236

**Please Attach
Picture HERE
so we can
identify your
child on the first
day of camp.**

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? _____

How does your child feel about coming to Camp Livingston? _____

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

Please describe _____

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

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

In what activities does your child participate? (such as, after school clubs, lessons, sports, etc.) ? _____

How would you describe your child? _____

What are your child's strengths and weaknesses? _____

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

How much sleep does your child require? _____

What are your child's responsibilities at home? _____

Please add any additional remarks/suggestions that you think would be helpful in enabling us to make this a positive experience for your child. Please feel free to call the Camp Director at 1-888-564-CAMP if you would like to elaborate _____

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

THIS FORM MUST BE RECEIVED BY MAY 1, 2008

**Please press hard. You are
making multiple copies**

