



# Camp Jubilee

## 2024 Letter to My Child's Cabin Leader

Please upload or mail with your Physician's Release & Parental Consent no later than April 1, 2024.

This letter is optional but strongly encouraged as it gives you an opportunity to help your child's counselor and staff member understand the unique qualities of your child.

The information that you provide on this form will be read by your child's cabin counselor and staff member in order to help them best meet the needs of your camper while they are at camp. Since the information requested on this form is primarily of a general nature, we encourage you to talk to the Summer Camp Director if you would like to share private concerns.

<i>Camper Full Name</i>	<i>Camper Preferred Name</i>	<i>Summer Camp Session Attending</i>
<i>Date of Birth</i>	<i>Age While at Camp</i>	<i>Grade Completed by June 2024</i>

Will (s)he have a birthday while at camp? **Yes / No** (Circle one)

### Home Life

Parents are: **Married / Separated / Divorced / Remarried / Widowed** (Circle one)

Camper lives with: **Both Parents / Mother / Father / Grandparents / Other:** \_\_\_\_\_ (Circle one)

Please list the name, age, and gender of any siblings who will be at camp at the same time as this camper:

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Give a brief description of your child. Include anything you feel will help us understand him/her. Have there been any recent major changes or events in their life? Are they currently receiving counseling or have they received counseling in the past? Our ability to help your child will be enhanced by your candor in sharing such information. If more space is needed, please use the back of this page.

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Is there anything you would like to tell us concerning your child's personality, character etc.

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What particular interests does your child have (e.g. sports, hobbies, pastimes)

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Please tell us what you hope your child will gain from their camp experience:

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**(OVER)**

**Health & Medical** (Please be sure that this information is also included on the Online Medical Form; the medical staff does not see this form)

Please mark any of the following tendencies that merit watching or special attention and provide additional information below:

Prescription Meds / OTC Meds / Tires Easily / Asthma / Bedwetting / Fainting / Constipation / Nightmares / ADD/ADHD  
Homesickness / Sleepwalking

Other/Comments:

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Does he/she have any special dietary needs / eating habits that should be monitored (foods dislikes, food allergies, unusual dietary habits, etc.)?

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Is there anything that has not been previously covered that you would like us to know about your child or anything we can particularly be praying for them this week? (Please feel free to write on the back of this sheet if you wish)

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This form was completed by: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Deadline is April 1, 2024. Please Upload to your online account or mail to:**

Camp Jubilee, PO Box 994, Beaufort, SC 29901