



Please tear out and make copies as needed.  
 Use a separate form for each child.  
 Additional copies may be printed off our website at [www.gulllake.org](http://www.gulllake.org).

Please staple a small recent photograph  
**HERE**  
 Please write on the back of the photo:  
 • Camper's Name  
 • Camper's Week #  
 • Grade next Fall  
 This profile will be disposed of after camp.

# Gull Lake Ministries Camper Profile

## Summer 2011 - For Ages 5 & up

Camp Week # \_\_\_\_\_ Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Last

Camper is attending with  Parent(s)  Other (please list rate holder) \_\_\_\_\_

Female  Male Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (at camp) \_\_\_\_ Grade (Fall 2011) \_\_\_\_\_

Camper's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
First Last

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
First Last

Custodial Parent's Address: \_\_\_\_\_

*While at camp, your child will be in a group with several other campers of similar age. They will be supervised by a well-trained counselor who has been selected for his or her maturity, integrity, sensitivity, and spiritual commitment to Jesus Christ. It is our desire to help your child develop spiritually, physically, and socially while at Gull Lake Ministries. Your cooperation in completing this form will help your child's counselor prepare to provide the needed encouragement and opportunities to make this camping experience as meaningful and productive as possible. If there are areas of concern that you feel are too sensitive or confidential to disclose, you may speak personally with the counselor when you bring your child to camp.*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will your child have a birthday while at camp?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child been to camp before? Where? _____ When? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are both parents living?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child living with parents? If not, with whom? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child attend church? Religious preference: _____        |

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Comfortable in large groups | <input type="checkbox"/> Reserved                         | <input type="checkbox"/> Responds well to authority        |
| <input type="checkbox"/> Prefers small groups        | <input type="checkbox"/> Makes friends easily             | <input type="checkbox"/> Needs firm boundaries             |
| <input type="checkbox"/> Leader                      | <input type="checkbox"/> Hesitant when meeting new people | <input type="checkbox"/> Adapts well to new situations     |
| <input type="checkbox"/> Follower                    | <input type="checkbox"/> Active                           | <input type="checkbox"/> Uncomfortable with new challenges |

What are your child's greatest interests? \_\_\_\_\_  
 \_\_\_\_\_

What groups is your child active in? (Church, school, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a personal relationship with Jesus Christ? \_\_\_\_\_  
 \_\_\_\_\_

What do you most desire that your child get out of camp? \_\_\_\_\_  
 \_\_\_\_\_

In what ways do you feel we can best help your child in the area of spiritual growth? \_\_\_\_\_  
 \_\_\_\_\_

Are there any specific limitations or conditions we should know about in order to better understand and help your child? \_\_\_\_\_  
 \_\_\_\_\_

Any other comments? \_\_\_\_\_  
 \_\_\_\_\_