



# Southampton Summer Day Camp 2020 Camper Resumé



Dear Parents,  
This confidential resume is a valuable tool which will assist us in enhancing your child's summer experience. If deemed in the best interest of your camper, information may be confidentially shared with senior staff members. Please complete and return this form with the camper enrollment form. Thank you!

Camper's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Home Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_

## Family Ties

List all siblings attending SSDC \_\_\_\_\_

List other relatives attending SSDC \_\_\_\_\_

List primary household family members (If second residence, please elaborate) \_\_\_\_\_

Please advise us of any issues or conditions which may affect your child's summer (i.e. health of a family member, new baby at home, parent's separation, custody issues, new residence, etc.) \_\_\_\_\_

## Physical & Emotional Health and Welfare

Are there any physical, emotional or behavioral issues about which we should be aware?  Yes  No If "Yes" please specify: \_\_\_\_\_

Are any outside agencies or professionals involved in your child's development?  Yes  No If "Yes" please specify: \_\_\_\_\_

Are there any allergies or other medical conditions about which we should be aware?  Yes  No If "Yes" please specify: \_\_\_\_\_

## Camper's Interests

Favorite camp activities: \_\_\_\_\_

Please share any concerns about any specific camp activities: \_\_\_\_\_

Please share your thoughts on how we can best enhance *your* child's experience at SSDC: \_\_\_\_\_

*Please use the back of this form to elaborate on any section. Don't hesitate to call us at 215-355-4567 with any questions.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_