Please send this form to camp at least two weeks before your camper is due to arrive.

Sequanota Camper Information Form Program _____ Dates _____

We look forward to having your camper at Sequanota this summer. In order to help our staff provide a quality experience, we ask you to share the information requested below. This information is confidential, given only to staff who need to know in order to provide the best experience for your camper.

Name	Age	Birth date
Preferred nickname?		Grade completed
Does the camper have sisters or brothers? Give ages _		
Are the brother(s) or sister(s) at Sequanota this week?		
List camper's favorite activities, special interests, hobbie	es, & skills	
Has your camper been away from home and parents be	fore?	
Has your camper been to Sequanota before?	_ Other o	vernight camps?
What is your camper most looking forward to doing at ca	amp?	
Does your camper have significant or unusual fear of w	nich we sho	ould be aware?
If so, do you have any suggestions for relief or comfort?	(Please b	ear in mind that campers are not
permitted to use the phone except under extraordinary of	circumstan	ces. We find that familiar routines are
often helpful.)		
Does your camper have any emotional or psychological	difficulties	of which we should be aware?
Does your camper have any other special needs that we		
In case of divorce or separation, with whom does the ca	mper live?	
Name: Relationship:		
Are their specific custody or guardianship issues or arra	ngements	
Form completed by: Relat	ionship to o	camper: Date:
If you have any additional information you would like to		

Revised 4/2021

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