



Habonim Dror Camp Gilboa

8339 W. 3rd St., Los Angeles, CA 90048
(323) 653-6772 Fax (323) 375-0415



Camper Information Form

(to be filled out by the parent or guardian)

In order to provide the best camp experience possible, we would like to get to know your camper before s/he arrives at camp this summer. Please complete both sides of this form and send it to the address above as soon as possible.

Camper Name _____ Session _____

Birthdate _____ Grade in the Fall _____ School _____

Mother's Name _____ Father's Name _____

Brothers/Sisters and ages _____

Camper lives with _____

Has your child been away from home before? (please list any overnight camps attended)

How long? _____ Was s/he home-sick? _____ What helped? _____

Are you and your child aware that cell phones are not allowed at Camp Gilboa under any circumstances? _____

Generally speaking, tell us about your child _____

How does your child spend his/her free time/ in what activities does s/he participate? _____

In what activities does your child excel? _____

In what activities does your child have difficulty? _____

Is your child shy? _____ What helps? _____

What, if anything, is your child afraid of? _____

What helps your child to remain calm when faced with these fears? _____
