

**Camper: Please fill in this letter to your counselor.**

*Dear Counselor,*

My full name is \_\_\_\_\_, My friends call me \_\_\_\_\_.

I am \_\_\_\_\_ years old and in June I will just be finished with grade \_\_\_\_\_ at school.

I would describe myself as . . . (Circle those that are most like you. Add other words you like on the lines.)

quiet   noisy   shy   friendly   athletic   creative musical \_\_\_\_\_  
\_\_\_\_\_

I am going to camp because \_\_\_\_\_  
\_\_\_\_\_

While at camp, one goal that I would like to accomplish is \_\_\_\_\_  
\_\_\_\_\_

I would really like to learn to do the following things at camp \_\_\_\_\_  
\_\_\_\_\_

Something that I would like you to know is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favorite thing to do at camp is \_\_\_\_\_  
\_\_\_\_\_

*See you soon,*

\_\_\_\_\_  
SIGNATURE OF CAMPER

\_\_\_\_\_  
DATE

**Please return this form to the registrar before June 1:**

**Camp Registrar: Address until June 15**  
Camp Cedarbrook in the Adirondacks  
Nadine Jascor  
11 Lake Shore Drive – 2D  
Watervliet, NY 12189

***Parent: Please fill in this letter to your child's counselor.***

*Dear Counselor,*

My child's full name is \_\_\_\_\_ and she  
will be \_\_\_\_\_ years old when she attends camp. This is my child's \_\_\_\_\_ year at this camp.

My child lives with  mother  father  guardian  
 brother(s) \_\_\_\_\_ older \_\_\_\_\_ younger \_\_\_\_\_  
 sister(s) \_\_\_\_\_ older \_\_\_\_\_ younger \_\_\_\_\_

I have enrolled my child at Camp Cedarbrook in the Adirondacks because . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While at camp I hope that my child will . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One goal I hope that my child will accomplish while at camp is . . .  
Physically: \_\_\_\_\_  
\_\_\_\_\_  
Socially: \_\_\_\_\_  
\_\_\_\_\_  
Spiritually/emotionally: \_\_\_\_\_  
\_\_\_\_\_

I would also like for you to know these special facts in order to better understand and help my child . . .  
(allergies, physical disabilities, learning disabilities, bed-wetting, hypertensive, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

*Sincerely,*

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

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