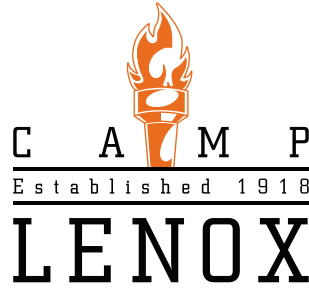


DIRECTORS  
RICHARD MOSS  
STEPHANIE MOSS  
MONTY MOSS



A TRADITIONAL  
SUMMER CAMP FOR  
BOYS & GIRLS  
AGES 7-16

## CONFIDENTIAL CAMPER PROFILE

Our mission is to provide an enriching experience for your child. Your full detailed response will aid us in getting a whole picture of your child (please continue on the other side of this form if needed).

Camper Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Day camp attended: \_\_\_\_\_ No. of years: \_\_\_\_\_ Grade in school as of 9/10: \_\_\_\_\_

Residential camp attended : \_\_\_\_\_ No. of years: \_\_\_\_\_ No. of years at Lenox including 2010: \_\_\_\_\_

Describe camping experiences (positive & negatives): \_\_\_\_\_

Special interests & hobbies (sports, arts & crafts, drama, etc): \_\_\_\_\_

Which activities would you like to see your child experience? \_\_\_\_\_

Which activities should be avoided (w/reason)? \_\_\_\_\_

Special swimming instructional requests: \_\_\_\_\_

Physical coordination (check one):  Excellent  Good  Fair  Poor

Appetite (check one):  Excellent  Good  Fair  Poor

Allergies: \_\_\_\_\_

Medications (List all medications): \_\_\_\_\_

Psychological counseling (specify): \_\_\_\_\_

Social Skills - How does your child interact, make friends, obey rules at home & school? \_\_\_\_\_

Physical problems (specify): \_\_\_\_\_

Bunkmates (Campers you want your child to bunk with. Final decisions are made by directors): \_\_\_\_\_

WINTER ADDRESS **CAMP LENOX P.O. BOX 75-9900 CORAL SPRINGS, FL 33075 TEL 954-340-6634 FAX 954-340-8282**  
SUMMER ADDRESS **CAMP LENOX 2042 N. MAIN ROAD LEE, MA 01238 TEL 413-243-2223 FAX 413-243-3446**



WWW.CAMPLNOX.COM

