



Return Completed Form To:
 Camp MOE
 314 Main Street
 Torrington, CT 06790
 860-618-2800
 Sept to Jun 15 Fax: 860-489-2492
 Jun 16 – Aug Fax: 860-618-2799

2019 Confidential Camper Information Form

Due by June 1, 2019

This form will be used for counselors to have a better understanding of your child in order for your child to have the best experience while he/she is at camp. Please visit our website to help guide your completion of this form.

Camper _____

Attended camp previously? _____ Yes _____ No

Attended Camp MOE previously? _____ Yes _____ No

Language(s) spoken _____

My child enjoys

1. _____
2. _____
3. _____

My child does not enjoy

1. _____
2. _____
3. _____

By the end of camp, I hope my child will (e.g. row a boat, sleepover, shoot a bow and arrow)

1. _____
2. _____
3. _____

General Behavior (please circle any that may impede your child’s experience while at camp):

Animals Following Directions Large Groups Loud Noises Thunderstorms Sleepovers

Other _____

Please provide additional information that will help us give your child the best experience at Camp MOE:

Signature _____

Printed Name _____ Date _____