



COUNTY OF NASSAU
DEPARTMENT OF PARKS, RECREATION & MUSEUMS
EISENHOWER PARK - EAST MEADOW, NEW YORK 11554
www.nassaucountyny.gov/parks

Summer Recreation Program 2016
Camper Profile Record

We are requesting the following information in order that our professional staff may gain some insight into your child. In order to promote his/her welfare, we are asking that you supply complete and candid answers. This form is strictly confidential and we suggest that your child not have access to it.

Whether or not your child has previously attended the Nassau County Department of Parks & Recreation, Summer Recreation Program, Kindly complete this for the use of your child's staff. Please mail back to us so that you child's counselor will have a better insight into your child prior to meeting them. (Address above Attn: Summer Recreation Program)

**PLACE CAMPER
PHOTO HERE**

We require a photograph of all of our campers for safety purposes. If you do not have a head shot (such as a school or camp photo) available, you can provide another photo as long as your child is clearly identified.

Childs Name _____

Age Group (circle) 5-6 7-8 9-10 11-12

Park (circle) Wantagh Nickerson Cantiague Eisenhower

Date of Birth ____/____/____

Mothers Name _____

Fathers Name _____

Marital Status Married ☐ Single ☐ Divorced ☐
Separated ☐ Widowed ☐

Special Needs:

Physical _____

Hearing/Visual _____

Allergies _____

Other _____

Please check any areas where your child should be given special consideration or attention:

Medication ☐ Swimming ☐ Athletics ☐ Food ☐

Other ☐ _____ (Additional Information can be given on the back of this page)

Groupings:

Please be advised that we try to match your requests to the best of our ability. In order for children to be grouped together, they must be the same sex and in the same age group.

1) _____ 3) _____

2) _____ 4) _____

Please fill out reverse side

This side of this form may be used to elaborate upon any item above. Also, feel free to describe any special needs or insights concerning your child that would be informative and helpful to your child's counselor, supervisory staff, and/or the nurse.

Parent's Signature: _____ Date: _____

Reviewed by: _____ Date : _____