



2019 Camper Information for Cabin Leaders

**This information is given to your child's Cabin Leaders
to help them prepare for your child's stay.**

Please return this form in advance of your camper's week of Summer Camp

MAIL to Medeba, Box 138, West Guilford, ON, K0M 2S0,
E-MAIL to summer@medeba.com, or **FAX** to 705-754-1530

Camper's Name: _____ Camper's Age: _____ Grade in Sept 2019: _____

Overnight Camp Day Camp **Dates Attending:** _____

Camper Lives With: _____ Phone #: _____

Parents Foster Parents Single Parent (Mother Father) Grandparents

Has he or she been away from home for a week or more before? _____

He or she plays better with children... same age younger older

Is he or she hesitant about any aspect of camp? _____ If yes, please explain: _____

Please describe what his or her personality is like: _____

Is he or she hindered in any way from participating fully in the program? If yes, please explain: _____

What do you hope a Medeba experience will do for him or her? _____
