

**FOR CAMPER'S PARENT/GUARDIAN TO COMPLETE**

CAMP MI-TE-NA  
FOR BOYS

**A LETTER TO MY CHILD'S COUNSELOR**

CAMP FOSS  
FOR GIRLS

Please fill out the following form and return to the Camp Administrator prior to arrival at camp. This is confidential information, restricted to staff usage. By filling it out, you give us an inside view of your child's character, their likes, dislikes and yours and their concerns. Although your child may be a returning camper, they may have a different counselor each year so we would appreciate you taking the time to fill this out.

**Dates Attending:**

- One-week sessions     6/26-7/3     7/3-7/10     7/25-7/31  
                                    7/31-8/7     8/7-8/14     8/14-8/21 (Mi-Te-Na only)
- Two-week sessions     6/26-7/10     7/10-7/24     7/25-8/7     8/7-8/21 (Mi-Te-Na only)

Camper's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Camper lives with:     Mother & Father     Mother     Father     Other \_\_\_\_\_

Number of children in family \_\_\_\_\_

This is my child's \_\_\_\_\_ year at resident camp and their \_\_\_\_\_ year at Camp Foss/Camp Mitena.

We want our child to go to camp because \_\_\_\_\_

While at camp, we hope our child will \_\_\_\_\_

Our child is most happy when \_\_\_\_\_

With regards to their eating habits and least favorite foods, you should be aware that \_\_\_\_\_

She/he  is     is not a bedwetter.

Our child's interests are: \_\_\_\_\_

Things we feel deserve special attention are: \_\_\_\_\_

If you would like to share a private concern, please feel free to call the Director prior to camp.

**PLEASE RETURN AT ONCE TO:**

Debbie Farmer/Camp Administrator  
Greater Manchester Family YMCA  
Camping Services Branch  
30 Mechanic Street  
Manchester, NH 03101

