



French Woods
 Festival of the Performing Arts
 P.O. Box 609
 Hancock, New York 13783
 800-634-1703



CONFIDENTIAL CAMPER PROFILE

The details in this report need to be received as soon as possible but no later than May 1st, so it can help assure your child a happy, healthy, and productive summer. We suggest that this form is filled out jointly by parent and camper.

-Please include a Current wallet size picture to be kept on file.-

Camper's Name _____ Phone (____) _____ Date of birth ____ / ____ / ____

Parent's Email _____ Camper's School _____ Grade in Sept. 2012 ____

Prior camp experience & results _____

Is the camper enthusiastic about coming to camp? _____

Does camper have any fears we should know about, such as darkness, swimming, etc.? _____

What mealtime issues should we anticipate and recommendations on how we deal with them? _____

What physical symptoms does your child display before the onset of illness? _____

Medical Conditions we should be aware of: _____

Will your child be taking prescription meds, over the counter meds, vitamins, etc. on a daily basis: ___yes ___no
*If yes, you must use **CampMeds** (call 954-577-0025 or go to www.campmeds.com). See info included in Welcome Packet.*

FOR PARENTS: What activities do you hope for your child to participate in? (include activities that your child might not participate in without your guidance.) _____

FOR CAMPER: What activities do you want to become involved with this summer? _____

What activities would you like to try for the first time this summer? _____

SPECIAL INFORMATION:

Musical instrument(s) played _____ Number of years _____

Indicate for which instrument, including Voice that **PRIVATE MUSIC INSTRUCTION** is requested: _____
 Piano, guitar, bass and drums can be provided by the camp. Appropriate arrangements should be made for your child to bring the instrument they would like to receive instruction in. We can store that instrument in our music building.

In which musical performing group(s) do you wish your child to participate? _____

Please indicate if it is **NECESSARY** for your child to participate in swimming instruction (Y/N) ____ If it is **NECESSARY** to swim a specific number of times per week, please indicate the number of times: ____

Please indicate if your child is interested in Sports Training and/or Fitness (Y/N) ____ Please specify which sports that **INSTRUCTION** is requested : _____

TRANSPORTATION INFORMATION REQUEST: Camper name: _____

Specific info of the pick up / drop off location that you request below will be sent to you in early June.

It is now possible to have Larry Siegel (our transportation director), book your flights so that all flights, pick ups and drop offs are coordinated.

To Camp	From Camp
Arrival Date: (circle one)	Departure Date (circle one)
6/8 6/27 7/17 8/6	6/27 7/17 8/6 8/26
<input type="checkbox"/> Flying in - Newark Airport Pick-up	<input type="checkbox"/> Flying Out Newark Airport drop-off
<input type="checkbox"/> Long Island Bus	<input type="checkbox"/> Long Island Bus
<input type="checkbox"/> Westchester County	<input type="checkbox"/> Westchester County
<input type="checkbox"/> Manhattan	<input type="checkbox"/> Manhattan
<input type="checkbox"/> Philadelphia Bus	<input type="checkbox"/> Philadelphia Bus
<input type="checkbox"/> New Jersey Bus	<input type="checkbox"/> New Jersey Bus
<input type="checkbox"/> Massachusetts Van	<input type="checkbox"/> Massachusetts Van
<input type="checkbox"/> Not Using Camp Transport	<input type="checkbox"/> Not Using Camp Transport

If you choose to book your own flights, please contact Larry for flight and time approval.

You can reach our travel department at 1-800-634-1703, or email us at travel@frenchwoods.com.

Campers flying in and out of Newark Airport will be met by French Woods Staff right at the gate, escorted to a private coach and transported to camp. It is very important that we have all your flight information and are informed of any changes made prior to the arrival or departure of your child. Please fill out the section below for your flight information and keep a copy for your own records.

Reminder: There is no additional charge for ground transportation to and from camp for those campers flying into and out of Newark Liberty Airport. **PLEASE** use Newark Liberty International Airport.

REMEMBER: Children flying in from the west coast and overseas, can come in a day earlier for each session.

Transportation to camp from Long Island, New Jersey (Newark) parking lot, Westchester County, Philadelphia, and Massachusetts is included in our tuition. Transportation at the end of each session from camp back to Long Island, New Jersey (Newark) Parking Lot, Westchester County, Philadelphia and Massachusetts, will require a non-refundable \$25.00 charge.

Arrival Info
Newark Airport
Airline: _____
Flight #: _____
Arrival Time: _____
City From: _____
Confirmation #: _____
E. Ticket? Yes / No

Departure Info
Newark Airport
Airline: _____
Flight #: _____
Departure Time: _____
City To: _____
Confirmation #: _____
E. Ticket? Yes / No

BUNK PLACEMENT REQUEST:

What suggestions do you have to assist in proper bunk placement? _____

List friends camper would like to bunk with (maximum of 2):

1. _____ 2. _____

Please include any additional confidential information on a separate sheet of paper. _____
