



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

**Nassau County Department of Parks & Recreation  
Summer Recreation Program 2015  
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)

Name: \_\_\_\_\_ Group \_\_\_\_\_ Age \_\_\_\_\_ Park \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Marital Status: Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_

**Special Needs:** (Please describe on the back of this form):

Physical \_\_\_\_\_ Hearing/Visual \_\_\_\_\_

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

**Interests:**

Please indicate your child's interests and favorite activities: \_\_\_\_\_

How well does your child socialize with others? \_\_\_\_\_

**Group My Child With:** 1- \_\_\_\_\_ 2- \_\_\_\_\_

(Please note: This is a request that will be honored to the best of our ability)

Please check any areas where your child should be given special consideration or attention.  
(Additional information may be given on the back of this page.)

Medication \_\_\_\_\_ Swimming \_\_\_\_\_ Athletics \_\_\_\_\_

Food \_\_\_\_\_ Other \_\_\_\_\_

**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 : \_\_\_\_\_