



DEPARTMENT OF PARKS, RECREATION & MUSEUMS  
 Eisenhower Park, East Meadow, NY. 11554  
[www.nassaucountyny.gov/parks](http://www.nassaucountyny.gov/parks) | (516)-572-0245 |

## Summer Recreation Program 2026 Camper Profile Record

We are requesting the following information for our staff to gain some insight into your child. 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 submit, so that your child's counselor will have a better insight into your child prior to meeting them.

|  |   |                  |                        |                      |                    |                  |                |
|--|---|------------------|------------------------|----------------------|--------------------|------------------|----------------|
| <p style="text-align: center;"><b>Place Camper Photo Here</b></p> <p>We require a photo of all our campers for safety purposes. If you do not have a headshot, such as a school photo, you can provide another photo as long as your child is clearly identifiable. <b>Click here to upload a photo.</b></p> | <b>Child's Name:</b>  |                  |                        |                      |                    |                  |                |
|  | <b>Birth Date:</b>  |                  | <b>Age Group</b>       | <b>5/6</b>           | <b>7/8</b>         | <b>9/10</b>      | <b>11/12</b>   |
|  | <b>Gender</b>   | <b>Male</b>      | <b>Female</b>          | <b>Camp Location</b> |                    | <b>Cantiague</b> | <b>Wantagh</b> |
|  | <b>1. Parent or Guardian's Name:</b>  |                  |                        |                      |                    |                  |                |
|  | <b>2. Parent or Guardian's Name:</b>  |                  |                        |                      |                    |                  |                |
|  | <b>Marital Status</b>   |                  | <b>Married</b>         | <b>Single</b>        | <b>Divorced</b>    | <b>Separated</b> | <b>Widowed</b> |
|  | <b>Shirt Size:</b> Each child will receive 1 free shirt   |                  |                        |                      |                    |                  |                |
|  | <b>Youth Small</b>  |                  | <b>Youth Medium</b>    |                      | <b>Youth Large</b> |                  |                |
|  | <b>Adult Small</b>  |                  | <b>Adult Medium</b>    |                      | <b>Adult Large</b> |                  |                |
|  | <p><b>Groupings:</b> 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.</p> <p style="text-align: center;"><b><u>If this form is not submitted to the camp office by May 22, 2026, the requests will not be honored.</u></b></p> |                  |                        |                      |                    |                  |                |
| <b>1.</b>  |   |                  | <b>2.</b>              |                      |                    |                  |                |
| <b>3.</b>  |   |                  | <b>4.</b>              |                      |                    |                  |                |
| <b>Special Needs:</b>  |   |                  | <b>Hearing/Visual:</b> |                      |                    |                  |                |
| <b>Physical:</b>   |   |                  | <b>Allergies:</b>      |                      |                    |                  |                |
| <b>Other:</b>  |   |                  |                        |                      |                    |                  |                |
| <b>Please check any areas where your child should be given special considerations or attention:</b><br>(Additional information can be given on the back of this page)  |   |                  |                        |                      |                    |                  |                |
| <b>Medication</b>  | <b>Swimming</b>   | <b>Athletics</b> | <b>Food</b>            | <b>Other</b>         |                    |                  |                |

This side of the form may be used to elaborate on 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 on site.

**Medication:**

**Swimming:**

**Athletics:**

**Food:**

**Other:**

**Parent's Signature:**

**Date:**

**Reviewed By:**

**Date:**