



Phone: (804) 779-2811
Fax: (804) 779-3056
Email: info@CampHanover.org
3163 Parsleys Mill Road
Mechanicsville, VA 23111

PREPARING FOR CAMP

Get To Know Me - Part 1

Camper Completes This Part With Parent/Guardian

Please take a few minutes to tell us about yourself. The information you provide will be shared with your counselors to help them get to know you a little better before you arrive at camp. Your answers will also help your counselors get ready so you can have an awesome time at camp. If you need more room to answer the questions, please attach an additional page, if needed. Thanks!

Your Name: _____ Name you like to be called: _____

Address: _____

Birthdate: _____ How old will you be when you are at camp? _____ Gender: Male Female

I attend church: Regularly Often Occasionally Rarely I don't attend a church I've never been to church
I attend a church youth group: Regularly Often Occasionally Rarely I don't attend a youth group I've never been to a church youth group

I go to school at: _____ Grade entering in the Fall: _____

At school, I like to learn about:

At school, I am involved in the following activities:

Some of the things I like to do when I'm at home are:

Something I don't like doing at home is:

I am really proud of my skill in, talent, or ability to:

I am coming to Camp Hanover because:

Related to camp I am most excited about:

Related to camp, I am a little anxious or nervous about:

The most important thing my counselors should know about me is:

**Please make a copy and mail to the address above, or scan and email to GetToKnowMe@camphanover.org
Bring the original with you to Check-in Day.**



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PREPARING FOR CAMP

Get To Know Me - Part 2

Parent/Guardian Completes This Part

The following questions are designed to help our staff plan for your child's time at camp. Your cooperation in thoroughly answering all questions helps us to build a quality camping experience. The information you provide is released only to your child's counselors and to Camp Hanover's leadership staff. By providing honest and detailed responses, you help set your child up for success while he or she is at camp. Please talk with your child as you answer these questions, remembering that our program centers around small group community living. Please attach an additional page, if needed. Thanks!

Your Name: _____ Relation to Camper: _____

Your Occupation: _____ Is there an adult at home when the child returns from school? Yes No

Who lives at home with the child? _____

Is this the child's first experience away from home overnight (other than with immediate or extended family)? Yes No

Has your child attended summer camp before (at Camp Hanover or another camp)? Yes No If yes, Day Camp or Residential? Day Camp Residential

If yes, where? How many summers? _____

If yes, how did you feel about the most recent experience? How did your child feel about the experience?

Has your child ever been homesick? Yes No If yes, are there tips or suggestions that have been helpful to your child in the past?

What can you tell us about your child's personality traits, as they relate to participating in small group community living?

Have there been any life changing events in the past year? (For example: parents' divorce; death of a family member, friend or pet; a move or change in household.)

What are the outcomes that you as parent/guardian hope your child will gain from the camp experience?

What are you most excited about for your child and his or her upcoming camp experience?

What concerns do you have about your child and/or his or her upcoming camp experience?

What is the most important thing we could do for you and your child while he or she is at camp?

What else do we need to know so that we can help your child and provide a great camp experience for him or her?

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Bring the original with you to Check-in Day.***