

# ONONDAGA CAMP

## 2017 ADDITIONAL CAMPER/LIT INFORMATION



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**Camper/LIT** (first & last Name): \_\_\_\_\_

**Session** (A1, B, etc.): \_\_\_\_\_

Please use the following space to provide us with any information that you feel will be helpful in making your camper/LIT's stay at Onondaga a success. This information will only be shared with staff directly involved in the care of your camper.

What would **you** like your child to get out of their experience at Onondaga Camp?

What would **your child** like to get out of their experience at Onondaga Camp?

How would you describe your child's personality? (ie. outgoing, shy, active, etc.)

Is there anything else about your child you would like us to know?(ie. bedwetting, asthma, sleepwalking, bullying at school, etc.)

**PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1<sup>ST</sup>.**

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