

LUTHERLYN PARENT PROFILE, DAILY E-MAIL & DIETARY CONCERNS

To Parent/Guardian: It is helpful for your child's counselor to have a little information about your camper before his/her arrival at camp. Please fill out this profile and return it 2 weeks prior to your arrival at camp. IT WILL BE CONFIDENTIAL. (This can also be done online at www.lutherlyn.com under "downloads". The on-line form is the preferred.)

Camper's Name: _____ Gender: [] M [] F Age: _____

Program Name: _____ Week #: _____ Grade in the Fall: _____

Well-liked Nickname: _____ Birthdate: ___/___/___ Hometown: _____

Has your camper been away from home before? _____ Years at camp: _____

Name of Parent(s)/Guardian(s): _____

Names and Ages of Siblings: _____ Pets: _____

In case of divorce or separation, with whom does the camper live? _____

Are there custody/guardianship issues or arrangements that we should be aware of?

Interest and/or hobbies:

Talents, skills, and abilities:

Are there any problems/concerns that you think will affect your camper at camp?
(Homesickness, sleepwalking, anxiety, bedwetting, moodiness, etc.)

Are there any health concerns/conditions that your child's counselor should be aware of?

Please describe any physical limitations?

Will the camper be carrying an inhaler or epi-pen at camp? (Details go on the Medication List)

What is the swimming level of your camper? [] Very Good [] Fair [] Beginner

What objectives do you have in sending your child to Lutherlyn? What do you hope your child will get out of the experience?

Other information that would be helpful to your child's counselor:

SIGNED: _____
(parent or guardian) (relationship)

SEE BACK FOR MORE IMPORTANT INFORMATION

DAILY E-MAIL UPDATES

While your camper is at Lutherlyn, we will send out a daily e-mail update about what we are doing at camp.

Camper Name: _____ Program: _____ Week #: _____

Please list the names and e-mail addresses that you would like to receive the e-mail updates:

| Name | E-Mail Address |
|------|----------------|
| | |
| | |
| | |
| | |

*Please note, the daily e-mails are sent through Constant Contact from deb@lutherlyn.com. Occasionally these messages end up in a junk mail folder.

***If you have “unsubscribed” from Lutherlyn’s e-mail list in the past**, we are not able to re-add you. You must go to lutherlyn.com, and on the bottom of the page there is a box to subscribe; please submit your e-mail address there. Constant Contact will send you a confirmation e-mail to verify that you wish to re-subscribe. This process must be completed before Sunday check-in; this is when Lutherlyn sets the e-mail list for the week. This step is only for those who have “unsubscribed” in the past- you do not need to do this step if you have never been on the e-mail list before or if you are currently on the e-mail list.

DIETARY CONCERNS AND FOOD ALLERGIES

Camper Name: _____ Program: _____ Week #: _____

Parent Name: _____ Contact: (Phone & Email) _____

If your child has food allergies or dietary concerns please complete this form and return with your final payment, health form, and parent profile. The information gathered will aid the food service staff in preparing meals. If your child does not have any food service needs/concerns, you do not need to complete this form. **THIS INFORMATION MUST BE RETURNED TO LUTHERLYN AT LEAST 2 WEEKS PRIOR TO CAMP SO THAT WE CAN PLAN ACORDINGLY AND MEET YOUR CHILDS DIETARY NEEDS.**

Does your child have a food allergy / intolerance? Please explain:

Does your child need a special menu or food item for health reasons? Please explain:

Is your child a vegetarian or vegan?

Are there any other dietary concerns that the food service staff should be aware of?

**Food Allergies / Intolerances example: peanuts / tree nuts, wheat, dairy, eggs, seafood, etc.*

**If Lutherlyn has any questions or concerns, the Food Service Manager will contact you.*

Contact the Food Service Manager with any questions or concerns: (724) 865-0025 or foodservice@lutherlyn.com

**Please return at least two weeks before your camping week
(along with Health History form and final payment) to:
Lutherlyn Registrar, PO Box 355, Prospect, PA 16052
or scan and e-mail to registrar@lutherlyn.com.**