



LOMIK Camper Information from Parent to Counselor
If you registered online- DO NOT FILL THIS OUT AGAIN

Lake Luther 5215 N 450 W Angola IN 46703
Lutherwald 2065 W SR 120 Howe IN 46746
Lutheran Hills 6371 Bear Creek Rd Morgantown IN 46160

EMAIL THIS TO info@lomik.org or BRING THIS FORM TO CAMP. It is important that this form be filled out in a straight-forward manner. This will help your child's cabin counselor better care for your child. All information is confidential.

Camper's Full Name _____

1. Did your child come to camp voluntarily? Yes No
2. Has your child been to camp before? Yes No
3. If "yes," did he/she enjoy it? Yes No
4. If "no," please share why he/she did not enjoy it?

5. Might your child wet his/her bed this week? Yes No
6. Might your child might become homesick? Yes No
7. Is your child hyperactive or have ADD? Yes No
8. If you said "yes" to any of these, what suggestions you have to your child's counselor?

9. Are there any home situations that the camp staff should be sensitive to while your child is at camp? (Eg. divorce, accidents, deaths, illness, loss of a pet)

10. Do you have any other information or suggestions that would help your child's counselor?

OUR MISSION: Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) welcomes all and provides Christ-centered programs for building faith and life-long relationships in a safe, caring, and fun environment.

OUR VALUES: Faith – Family & Community – Service – Integrity

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