

CAMPER QUESTIONNAIRE

Must be filled out, signed & returned by May 15th for the camper to participate in camp activities. This form will be read by the camp directors as well as your child's counselor.

Camper Name _____

Tell us about your child's family life? (parents, marital status, siblings, etc.)

What are your child's hobbies and interests? _____

What is your child most looking forward to at camp? _____

How is your child feeling about going to camp? _____

How does your child usually socialize with others? (circle one)

Makes friends easily Takes time to warm up Has difficulty making friends

Does your child ever have problems at night? (bedwetting, sleepwalking, night terrors, etc)

Does your child have any fears? Please list. _____

Are there any medical conditions that we should know about? _____

Any emotional or behavioral problems that we should know about? _____

What else would you like to tell us about your child? _____

I have read and understand all of the information and policies contained in the May Packet.

Parent/Guardian Signature _____ Date _____