

Parent/Guardian Questionnaire

Name of Camper: _____

Program attending: _____

Your Name: _____

Relationship to Camper: _____

1. Has your camper stayed overnight without a parent before? yes no
2. How does your camper feel about going to camp? __Confident __Excited __Nervous
3. What is your child most looking forward to at camp? _____
4. How well does your child make friends? __Very Easily __Fairly Well ___With Difficulty
5. What things generally help your camper feel better when they are sad or afraid?

6. What are some things your camper is good at?

7. Please use the space below to communicate any important information you would like shared with your camper's counselor before camp. This will help them be prepared to give your camper the best week possible. You may include things like issues with bed wetting, sleep walking, struggles with mental health, etc.

