

# Parent Questionnaire



Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Last

S/He is attending \_\_\_\_\_ at Casowasco / Aldersgate (circle one).  
Program Name

Person Filling Out Form \_\_\_\_\_  
First Name Last Name Relationship to camper

This summer, your child will be coming to Aldersgate and/or Casowasco to live with other children his/her age and with well prepared counselors and staff of the highest caliber. These questions are designed to give your child's counselor and leadership staff a head start in getting to know your child to prepare for his/her time at camp. By providing honest input concerning your camper's emotional, physical, and social needs, you help us to ensure that s/he has the best camping experience ever. This confidential information will be shared only with those staff who will work closely with your child. If there is sensitive information you wish to disclose to a member of the leadership staff regarding a particular question or situation, please indicate that you would prefer to discuss this via phone and we will contact you. Feel free to use additional pages as necessary.

**\*After filling this out, please work with your camper to fill out his/her Camper "Let's Get Acquainted Form."** Completed forms should be returned **3 weeks** before your child attends his/her program. As many things change in a camper's life, previous forms are not retained. Thank you for your help in ensuring a great week for your child!

I am sending my child to camp for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

How does your child feel about going to camp?  Confident  Excited  Nervous  Apprehensive

What is your child most looking forward to at camp? \_\_\_\_\_

How well does your child make friends?  Very Easily  Fairly Well  With Difficulty

Is your child afraid of darkness, people, animals, water, storms, or anything else? \_\_\_\_\_  
\_\_\_\_\_

Describe your child's sleep habits?  Sleeps soundly  Sleeps restlessly  Sleepwalks  Bedwets

How do you handle sleepwalking/bedwetting? \_\_\_\_\_

How does your child react when staying overnight away from parents, siblings, or other relatives?

Has fun & adjusts easily  Homesick  Fine during the day, upset at night  
 Camp will be the first time  Scared

The following describes my child's typical group behavior: (please circle as many as apply)

brave	caring	helpful	respectful	honest	shy	confident
happy	thoughtful	gentle	energetic	friendly	open	enthusiastic
scared	loner	needy	optimistic	excited	kind	cooperative
leader	outgoing	follower	attentive	reserved	timid	independent

\*Horse Camps Only: Does s/he have previous riding experience?  If yes, please list \_\_\_\_\_  
\_\_\_\_\_

**Please tell us about your child's swimming/boating experience:**

- My child is afraid of the water.
- My child enjoys water play, but does not swim.
- My child has had swim lessons, and is confident in the water.
- My child knows many different strokes and can dive.
- My child has had boating experience (canoe/rowboat).
- My child has never been in a boat (canoe/rowboat).

**Are there any family situations that we should know about (ie: Divorce/separation/remarriage and with whom does the child live, death of a family member, etc?)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any physical or learning limitations? Please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any dietary allergies, restrictions, or special food concerns?** \_\_\_\_\_  
\_\_\_\_\_

**Please add any additional information/concerns/apprehensions we should know about your child. Include information about homesickness, special needs, ADD/ADHD, emotional strains, or other topics that will help us understand your child better. Please use additional paper as needed.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To provide the best possible experience for everyone, my child and I understand that s/he must abide by camp rules/policies and understand that Aldersgate and Casowasco reserve the right to send campers home for inappropriate behavior at the parent/guardian(s) cost and without refund because the safety and security of our campers and staff is our highest priority. I have spoken with my child regarding the items that are to be left at home (Radios/CD/MP3/Tape Players/iPods, Cell Phones/Pagers, Expensive Clothing/Valuables/Money, Video Games, Hair dryers/curling irons, Aerosol Cans, Weapons, Inappropriate Clothing, Food/Candy, and Alcohol/Drugs/Cigarettes), agree not to send them with my child/that my child will not bring them to camp, and understand that electronic devices brought to camp will be kept in the office until the end of my child's program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Thank you for completing this questionnaire and helping your child to fill out his/hers. Information will be kept strictly confidential and is used only to better assist your child and the staff at camp.**

**Please mail this form (with all the other forms) BY JUNE 15<sup>TH</sup>, 2010 :**

Operation Purple  
C/O David Riddell  
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