

**CCRM  
Parent-Staff Information**

To help our staff prepare to work with your child at camp, please answer the following questions as fully as possible. This information will be shared only with those staff who will work closely with your child, and it will greatly enhance our ability to work effectively with your child. Thank you for your cooperation.

**My child's name is** \_\_\_\_\_

**He/She is attending** \_\_\_\_\_ **at Casowasco/Aldersgate** (circle one).

**The following words describe my child's typical group behavior:**  
(please check as many as apply)

- |                                 |                                     |                                   |                                     |                                   |                                |
|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> brave  | <input type="checkbox"/> frightened | <input type="checkbox"/> helpful  | <input type="checkbox"/> respectful | <input type="checkbox"/> honest   | <input type="checkbox"/> shy   |
| <input type="checkbox"/> happy  | <input type="checkbox"/> thoughtful | <input type="checkbox"/> gentle   | <input type="checkbox"/> energetic  | <input type="checkbox"/> friendly | <input type="checkbox"/> open  |
| <input type="checkbox"/> scared | <input type="checkbox"/> retiring   | <input type="checkbox"/> timid    | <input type="checkbox"/> optimistic | <input type="checkbox"/> excited  | <input type="checkbox"/> kind  |
| <input type="checkbox"/> leader | <input type="checkbox"/> outgoing   | <input type="checkbox"/> follower | <input type="checkbox"/> attentive  | <input type="checkbox"/> reserved | <input type="checkbox"/> needy |

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

- \_\_\_ Has fun, adjusts easily    \_\_\_ Homesick    \_\_\_ Scared  
\_\_\_ Fine during the day, upset at night    \_\_\_ Camp will be the first time.

**How would you describe your child's normal sleep habits?**

- \_\_\_ Sleeps soundly    \_\_\_ Sleeps restlessly    \_\_\_ Sleepwalker    \_\_\_ Bedwetter

**How does your child feel about attending camp?**

- \_\_\_ Confident    \_\_\_ Excited    \_\_\_ Nervous    \_\_\_ Apprehensive

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

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**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).

**Please add any other information we should know about your child. Include information about family situations, homesickness, special needs, dietary needs, ADD/ADHD, emotional strains, or other topics that will help us understand your child better.**

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**Please mail with your other camp paperwork to:**

Summer Forms  
3343 State Route 38  
Moravia, NY 13118