

# Parent/Guardian Questionnaire

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

S/He is attend \_\_\_\_\_ at camp.  
Program Name(s)

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

This summer, your child will be coming to camp 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 at least three (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  |

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

Please continue on Reverse Side →

- 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 (e.g.,: 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 camp reserves 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/iPods, Cell Phones, Expensive Clothing/Valuables/Money, Video Games, Hair dryers/curling irons, Aerosol Cans, Weapons, Inappropriate Clothing, Food/Candy, and Alcohol/ Drugs/Cigarettes). I 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.

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

\_\_\_\_\_  
Date

**Please return all paperwork—to the site you will be attending first—at least three (3) weeks prior to arrival at camp.**

Aldersgate  
7955 Brantingham Rd  
Greig NY 13345

Asbury  
PO Box 218  
Silver Lake NY 14549

Casowasco  
158 Casowasco Dr  
Moravia NY 13118

Sky Lake  
501 William Law Rd  
Windsor NY 13865

Skye Farm  
1884 E. Schroon River Rd  
Warrensburg NY 12885