

CAMP TEMAGAMI



A LIFETIME OF MEMORIES

FOR OFFICE USE
Cabin :
Session :
Section Code :

2008 PARENT QUESTIONNAIRE

Along with the medical form, this questionnaire will be kept confidential and shared only as necessary to care for the camper.

Camper's Name: _____ Age in June: _____
Last name First name Initial

Camper's School: _____ Current Grade: _____

Please complete the following questionnaire so that we can get to know your child better prior to his/her arrival at camp.

Is your son or daughter looking forward to the camp experience? Does he or she have any concerns about the summer?

Is there anything in particular that you would like your child to gain from his/her experience at camp? _____

Please describe your child's swimming ability and comfort around water. _____

How physically active is your child in general? Does he/she enjoy exercise or trying new activities? _____

How would you describe your child's relationships with his/her peers? _____

Does your child have any trouble sleeping? _____

If so, please let us know what strategies we might use to help him/her to get some sleep. _____

Does your child have a healthy appetite? _____
