PERSONAL QUESTIONNAIRE FOR NEW CAMPERS

This form is designed to help us obtain a better understanding of your son. We would like to know something about his likes and dislikes, his interests, his habits, and any other facts which you believe will be important for us to know about him. Please return this form at your earliest convenience.



Name:	Nickname:	
	Please attach a current picture of your son.	
Parent 1 Name:	Parent 2 name:	
Grade entering in September 202 3	3:	
	ence. During the summer your son will be in close contact with a large how he gets along with his peers, his siblings, and with adults.	ge number of
We have noticed that some be foods your son is allergic to or will	oys will eat just about anything, while others can be very fussy. Pleanot eat:	ase list any
Allergic To:	Will Not Eat:	

3. As a way to develop responsibility and group cooperation in our campers, the boys are asked to keep their cabins clean for daily inspections. To give us an idea how your son will accept this responsibility, describe any household duties he performs at home.

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Many boys of camp age are just be ong have your son's personal habits		proper care	for their bodies and	I their belo	ngings. How far
Please comment on the following:					
A. School Achievement	1 High	2	3 Average	4	5 Below Average
omments:			Average		Delow / Wellage
B. Athletic Interest	1 High	2	3 Average	4	5 Below Average
Athletic Ability	1 High	2	3 Average	4	5 Below Average
omments:					
C. Swimming Ability	1 High	2	3 Average	4	5 Below Average

omm	G. Potential for Bedwetting ents:	1 High	2	3 Average	4	5 Below Average
omm	F. Potential for Homesickness ents:	1 High	2	3 Average	4	5 Below Average
omm	E. Emotional Maturity (Compared with his age group) ents:	1 High	2	3 Average	4	5 Below Average
omm	D. Tennis Ability ents:	1 High	2	3 Average	4	5 Below Average

6. A number of our campers are prescribed various types of medication for problems with attention span, hyperactivity, and other behavioral/emotional issues.

Over the years, it has been our experience that some parents and doctors are reluctant to provide us with such information out of concern that the child might be labeled or be treated differently at camp.

This could not be further from the truth. We have found that having prior knowledge of any behavioral/emotional issues that our campers might have, allows us to be significantly more helpful in assisting them in making a smooth adjustment to camp life.

Please indicate whether your son is currently receiving, or has received medication for attention problems, hyperactivity, or any other behavioral/emotional needs. It is helpful for us to know the dosage and frequency of any medication being taken, so that we can discuss any adjustment to the schedule because of the camp routine.

Please be assured that all of this information will be kept confidential.

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9) Do v	ou have any special requests?
5., Do y	a nave any operative questo:
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For your son:

4)	What is your favorite movie?
5)	What do you think your favorite activity at camp will be?

1) Who is your favorite professional athlete?

2) What baseball team do you root for?

3) What is your favorite meal?