

CAMPER'S NAME \_\_\_\_\_  
Last First Middle

1. PHYSICAL ENERGY – (Does your child tire easily)?  
\_\_\_\_\_
2. COOPERATION WITH OTHERS – (How well does your child get along with children?)  
\_\_\_\_\_
3. RESPECT FOR AUTHORITY – (Does your child have any difficulty adjusting to an authoritative figure?)  
\_\_\_\_\_
4. YOUR CHILD'S STRENGTHS, WEAKNESSES AND NEEDS (brief description)  
\_\_\_\_\_  
\_\_\_\_\_
5. ARE THERE ANY EMOTIONAL OR ADJUSTMENT ISSUES THAT WE SHOULD BE AWARE OF?  
\_\_\_\_\_  
\_\_\_\_\_
6. DOES YOUR CHILD HAVE ANY FEARS THAT WE SHOULD BE MADE AWARE OF (e.g., water)?  
\_\_\_\_\_  
\_\_\_\_\_
7. WHAT SPECIAL ACTIVITIES DOES YOUR CHILD ENJOY?  
\_\_\_\_\_  
\_\_\_\_\_
8. IS THERE ANY OTHER PERTINENT INFORMATION YOU WOULD LIKE TO TELL US?  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS FORM. THIS WILL ENABLE US TO GET TO KNOW YOUR CHILD BETTER. PLEASE BE SURE TO RETURN IT TO US BY MAY 1<sup>ST</sup>.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Evening Phone Number