



Personal Information about Your Camper
(Confidential)
(To be completed only by the parent/guardian)

This questionnaire gives you an opportunity to share with us personal information about your child, allowing them to have a smooth and a happy adjustment to camp. Having prior knowledge about a learning difficulty, bed-wetting, recent loss in or out of the family, major change in the family or in your child's life, or other such matters can be an important factor in helping us to be sensitive to your child's needs.

This information will only be available to our counseling team and only with the greatest of discretion. If you have any special concerns about this information or about your child, please feel free to call or write us.

Camper Name: _____

How does he/she do in school?

Does he/she have any learning differences or behavioral issues? Please explain.

How does he/she socialize or make friends easily?

Is he/she ever teased, and if so, about what?

How does your child react in new situations? (please circle one):

- Shy
- Fearful
- Observer
- Goes in full steam ahead

What do you hope he/she will accomplish this summer?

What else would you like us to be aware of regarding your child?

Swimming level (please circle one):

- **Non-swimmer**
- **Beginner**
- **Intermediate**
- **Advanced**