Kid's Camp 2010 - Parent Questionnaire

Thank you for taking time to fill out this questionnaire. It will help your child's counselor be able to understand them and encourage their growth. Please return this promptly to the camp registrar.

Name of camper_____ Age____

Nick Name or preferred name to be called _____

Gender _____Grade _____Birthday (month/day)_____

Has your child been to camp before? _____ Where?

When? _____

If not, has your child been away from home alone more than two days?

Who lives in the home with your child? Mark all that apply
father/guardian _____ occupation _____
mother/guardian _____ occupation _____
brothers _____# older _____#younger _____
sisters _____ #older _____ #younger _____

What is your child like at home?
(shy, outgoing, cheerful, strong-willed, sensitive, calm, easygoing, restless, alert, moody, aggressive, etc.)

What responsibilities does your child carry at home? (I.e. household chores, etc.)

Does your child like school?

Does your child have any school problems?

Favorite subjects?

What are your child's greatest interests?

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Are there any special facts we should know in order to better understand and help your child? (handicaps, learning disabilities, hyperactivity, depression, fears, bed wetting, etc.)

Please list any food allergies or dietary needs that your child has so that our counselors can help him/her with making good choices at mealtimes and snack shack.

Any other information you feel the leaders or counselors should know in advance about your child?

One of our goals is that campers would have a real relationship with God. In what areas would you like your child to develop this?

__ being willing to admit where they stand with God
__ talking to God honestly, as a friend
__ listening to God
__ desiring to experience God
__ experiencing closeness to God while at camp
__ having a plan to spend time with God regularly at home
__ memorizing Scripture
__ being equipped with devotional materials
__ Bible studies they can do at home
__ other: _____

Which of these is MOST important to you?

_____

What activities at camp do you feel your child would like to participate in or learn while at camp?