

Camp Thoreau 2011

Camper Acquaintance Questionnaire

Office Only
Div./Group/Weeks

____/____/____

Please help our staff learn about your camper prior to their start of camp so that we can ensure that he/she will have a truly amazing camp experience.

First & Last Name of Camper

Age

Grade in fall

FAMILY INFORMATION:

_____: _____: _____:
Name of Sibling Age Name of Sibling Age

Pertinent information regarding child: (i.e. parental status, major life changes, new siblings, etc.)

CAMPER INFORMATION:

Describe your child's personality:

What are the child's hobbies & interests?

What would you like your child to gain from his/her camp experience?

Does your camper have any concerns regarding camp? Yes _____; No _____. If so, what?

Do you, as parents/guardians, have any concerns regarding camp? Yes _____; No _____; If so, what?

< OVER PLEASE >

Please describe any special situations or issues, which may affect your child's camp experience (i.e. special needs, learning style, ADHD, discomfort in a new environment, etc.)

How may we best assist your child with this situation at camp?

Is there professional support or treatment being provided for your child at this time? Please explain:

Are there any activities in which your child's participation needs to be limited? Yes ____ No ____
If yes, please explain

Please provide any additional information you'd like to share? Yes ____ No ____
If yes, please explain

Please supply all pertinent medical information on the Health History Form.

RETURN BY: A.S.A.P. but no later than April 30, 2011

Please complete and return to:

CAMP THOREAU
275 Forest Ridge Road
Concord, MA 01742-3832
(978) 831-1300; (978) 369-8078 (FAX)
Email: camp@thoreau.com