

Camp Phillip parent questionnaire--adventure camps

Dear parents,

Christian camping can be one of the most memorable experiences of a young person's life. We want to become more familiar with the campers before camp so that their time here may be as rewarding as possible. You can help us by answering the following questions frankly and completely. Only staff directly responsible for the camper will have access to the following information.

When completed, please send this questionnaire to:

Camp Phillip
W9944 Buttercup Ave
Wautoma, WI 54982-7032
or fax it to 920-787-0032.

Camper's last name _____

Camper's first name _____ Preferred nickname _____

Grade in fall _____ Age at camp _____ Dates attending camp _____

Ages of brother(s) _____ Ages of sister(s) _____

How does camper get along with siblings?

What is camper's conduct like with others?

Exc Good Fair Poor

How is camper accepted by his/her peers?

Is camper highly competitive? Yes No

Is church attendance regular? Yes No

Does camper sleepwalk? Yes No

Does camper bedwet? Yes No

Does camper have any fears? Yes No If so, what?

What is the most effective form of behavior management you use with camper at home?

What responsibilities/hobbies does camper have at home?

What is camper's experience with rock climbing?

Some None

What is camper's experience with caving?

Some None

What is camper's swimming ability?

Non-swimmer Beginner Intermediate Advanced

What are camper's strong qualities?

What are camper's weak qualities?

Does camper usually try to lead or follow? Lead Follow Neither

What would you like camper to receive from the camp experience?

Ask what camper wants to get from the camp experience.

List below anything else that would be helpful for us to know as we work with this camper:

Your signature _____