

Cedarbrook Camp Southern California

PARENT QUESTIONNAIRE

This summer your camper will be living in a cabin with other campers his/her age. We want to encourage each child's growth, so we want to know anything about your camper that will help us to meet his/her needs. Please complete this form and return it with the registration.

Name of Camper _____ Grade in Fall _____ Weeks(s) attending _____

Is this your camper's first time away from home? _____ Has your child been to camp before? _____
When and where? _____

Please list your camper's strongest and weakest qualities. _____

What are your child's interests? _____

Are there situations that may cause your child to withdraw or need special attention? (very noisy, lots of people, open spaces) _____ If yes, please explain what you do to calm/help them.

Are there any special challenges your child exhibits in the areas of behavior or socialization? (peer difficulties, tantrums, sensitivity/shyness, difficulty following instructions, cooperating in groups, sleepwalking, bedwetting, unusual fears etc.) _____

Any special facts we should know in order to better understand and help your child (allergies, handicaps, learning disabilities, hypertension, recent trauma i.e. death in the family)

Please list specific food allergies or dietary restrictions _____

Who lives in the home? _____ Mother _____ Father _____
_____ Brothers (names and ages) _____
_____ Sisters (names and ages) _____
_____ Others (relationship and ages if children) _____

Are any siblings or other relatives attending camp? Name(s) _____

If your child should become homesick would you like us to:
_____ Call immediately _____ Try to work through it before calling

Parent/guardian signature and relationship

Date