

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.***

_____ Week Attending: ___ 1
Name of Camper _____ Age _____ Grade in Fall _____ 2

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

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 (handicaps, learning disabilities, recent trauma i.e. death in the family) _____

Please list specific **food allergies** or **dietary restrictions (please also note on Health History Form):**

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:
_____ Try to work through it before calling _____ Call immediately

Parent/guardian signature _____ Relationship _____ Date _____

Please fill out this form and send it with your registration.