



Attach recent photo of your child here

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CONFIDENTIAL PARENT QUESTIONNAIRE
 (to be completed by parents and returned by May 1, 2008)

Camper's Name _____ Date of Birth _____

Grade in September 2008 _____ Gender M F

Home Phone _____ Cell Phone _____

ADJUSTMENT TO CAMP

1. Has your child been away from home before? Yes No For how long? _____
 With what success? _____
2. How does your child feel about going to camp this summer? _____
3. How well does your child make friends? Very easily Fairly Well With difficulty
4. Camper's strong likes _____
5. Camper's strong dislikes _____
6. What does your child do in his/her spare time? _____
 Hobbies? _____
7. How do you think your child will react to separation from family?
 No homesickness Some initial homesickness Persistent homesickness
8. How does your child go along with the limits you set?
 No problem Sometimes resists, but goes along Resists
 Please explain _____
9. What type of discipline methods work best with your child? _____
10. Does your child have problems with tantrums, weeping spells, nightmares, or personal hygiene? Explain _____
11. Is your child afraid of darkness, people, dogs, cats, mice, animals, water, lightening, thunder or anything else? _____
12. Does your child have any other fears? _____

Camper Name _____

13. Does your child wet the bed at night? Yes No
If yes, how frequently? _____ When did it start? _____
How is it handled at home? _____

a. Has camper received any professional counseling? (i.e., Psychiatrist/Psychologist, Social Worker, Child Guidance Clinic, Physician, other) Yes No
If yes, please list any information that would be helpful for camp: _____

15. Does your child like to read? Yes No
16. Does your child play a musical instrument? Yes No
If yes, which one? _____

FAMILY INFORMATION

1. Camper lives with: Mom Dad Step-Mom Step-Dad Grandparents
 Sister(s): Age(s) _____ Brother(s): Age(s) _____
 Other _____

2. Father's Occupation? _____ Mother's Occupation? _____

3. Are there any unusual situations that affect the family at present or in the recent past? _____

4. What special additional information/comments about camp, your child, adjustment, etc. would you like us to know? (i.e., moving, school, changes in family, etc.) _____

JEWISH IDENTITY

1. What denomination do you consider your family?
 Reform Conservative Orthodox
 Reconstructionist Traditional Other _____

2. What synagogue are you affiliated with? _____

3. Does your child attend a Jewish Day School? If yes, which one? _____

CAMPING HISTORY

Camp Name	Years Attended	Day/Resident	Camper Reaction to Camp Experience	Parent's Reaction to Camp Experience

ADDITIONAL COMMENTS

Please add any additional comments you wish to bring to the Director's attention: _____

All information will be kept strictly confidential and is used only as a means to better assist your child at camp. Please return all forms by May 1, 2008.