



## PARENT QUESTIONNAIRE

CAMPER NAME \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

Camper's Primary residence is with:  Mother  Father  Both

Send all Financial Statements to:  Mother  Father  Both

Email address(es) for contact purposes: \_\_\_\_\_

How did you hear about our program?  Camp Website  Camp Poster  Camp Flyer  Facebook

Another Camper: \_\_\_\_\_

Other: \_\_\_\_\_

### The Camp Experience:

What would you like MOST for your child to gain from his/her camp experience? *(Rank in order of importance with 1 being the most important)*

\_\_\_\_ Academics                      \_\_\_\_ Improve Social Skills                      \_\_\_\_ Gain Greater Independence

\_\_\_\_ Make New Friends                      \_\_\_\_ Enhance Athletic Skills                      \_\_\_\_ Other, Please Specify: \_\_\_\_\_

\_\_\_\_ Improve Self-Esteem                      \_\_\_\_ Experience New Activities

### Swimming Ability:

How good of a swimmer is your child? *(Please rate 0 being the lowest, 10 being the highest)*

0	1	2	3	4	5	6	7	8	9	10
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Are there any comments or concerns you have regarding your child swimming at camp?

### About My Camper:

List the activities in which your child excels: \_\_\_\_\_

What skills or talents would you like to see introduced or stressed? \_\_\_\_\_

What does your child do in his/her free time? \_\_\_\_\_

What are your child's favorite school subjects? \_\_\_\_\_

Does your child play a musical instrument? If so, which one(s)? \_\_\_\_\_

Does the camper have any siblings or friends who will be at the camp? If so, list their names/grades. \_\_\_\_\_

*Please place any additional information for us on the back of this sheet.*