

Parent Questionnaire

Camper Name _____ Nickname, if any _____

Session Name & Date _____

Age _____ Birthday _____ # of years as Girl Scout _____ # years as Camper _____

of Sisters _____ # of Brothers _____ Pets _____

1. What responsibilities does your camper have at home? _____

2. What kind of eater is your camper typically? Hearty Moderate Light

3. What are your camper's favorite foods? _____

4. Does your camper have stomach problems? Yes No Comments: _____

5. Has your camper ever been away from home without members of your family? Yes No

6. What is her comfort level in the outdoors? _____

7. What is your camper looking forward to at camp? _____

8. What are your hopes/goals of her camp experience? _____

9. What worries/fears does your camper have about camp? _____

What worries/fears do you have? _____

10. How long do you anticipate it will take her to adjust to camp? _____

11. What situations at camp do you expect to be particularly challenging for your camper? _____

How have you encouraged her when things are challenging? _____

12. What behaviors does your camper typically show when stressed/uneasy? _____

What can her counselors do to help her in those situations? _____

13. Will your camper speak up if something is wrong or bothers her? _____

14. Does your camper have any special needs/ behaviors of which our camp staff should be aware? _____

15. Do you know anyone else attending camp? _____

16. For you, making new friends is: Easy Hard Because: _____

17. Overnight Campers:
What kind of sleeper is your camper typically? Heavy Moderate Light

Is she prone to sleeping problems? Yes No Comments: _____

18. Is there anything else you would like the camp staff to know? _____
