

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. Is your camper prone to stomach problems? Yes No

Comments: _____

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

a. For how long? _____

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

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

8. What are your hopes/goals of their 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 them to adjust to camp? _____

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

How have you encouraged them when things are challenging? _____

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

What can their counselors do to help them in those situations? _____

13. Is your camper likely to speak up if something is wrong or bothers them? _____

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

15. Does your camper know anyone else attending camp? Who? _____

16. How easily does your camper usually make new friends? _____

17. **Switcharoo** Campers only:

What kind of sleeper is your camper typically? Heavy Moderate Light

Are they prone to sleeping problems? Yes No Comments: _____

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