# Confidential Parent Questionnaire and Cabin Placement Survey 2010

Camper Name:_____

Circle session: **3wk** **4wk** **2wk** **Mini I** **Mini II** **Starter Camp**

***NOTE: This form is shared with your son's counselor prior to his arrival at camp. You may notice that several of the following questions are covered on the Camper Medical Information form. In an effort to maintain privacy, your son's counselor will not have open access to the Camper Medical Information form, so we ask that you are thorough in your answers to the following questions (use back side if necessary):***

1. What would you like for us to help your son accomplish during his stay at High Rocks? A suggestion will help us give him a happy camping experience.

_____

_____

2. Please list any medical or emotional conditions -such as enuresis, sleepwalking, ADD or ADHD, allergies, asthma, special diet-- which would require special medical attention or added attention from the staff. ***Please explain fully on separate sheet.***

_____

3. Does your son take prescription medication during the school year?_____ Will he continue them at camp? _____

Please list and explain _____

4. Does your son have any learning disabilities? Explain_____

_____

5. Social maturity: ❑ average ❑ mature ❑ immature Physical size: ❑ average ❑ large ❑ small

6. Can your son swim? Yes ❑ No ❑ Is this your son's first overnight camping experience? Yes ❑ No ❑

Has your son experienced homesickness before or do you anticipate that he may experience homesickness ? Yes ❑ No ❑

7. My son requests to be in a cabin with :

1st _____ 2nd _____ 3rd _____

My son requests **NOT** to be in a cabin with:

_____ _____

*We will consider your request gladly although we can make no definite commitments. Age, grade in school and personality development determine cabin placements. Absolutely no cabin change will be made on Opening Day.* ***All requests must be received by May 15 to be considered.*** *We arrange cabins so that no more than two campers from the same area live in the same cabin.*

8. Please give any suggestions that will be helpful to the staff members in giving your son a happy, worthwhile camping experience. The more information you give us about your son, the better equipped we are to give him a beneficial summer. Please continue on the back if needed.

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