



CONFIDENTIAL PARENT QUESTIONNAIRE

Parents: Please complete and return this form by May 1.

CAMPER'S NAME _____

Please note: All information you have provided will be held in complete confidence and is only shared with the appropriate staff members when necessary. Please feel free to continue on the back page if more space is needed. The more information you provide us, the better we will be at meeting your child's needs. Thanks!

Adjustment to Camp Life

Has your child been away from home before? _____ For how long? _____

With what level of success? _____

How does your child feel about going to camp this summer? _____

How do you think your child will react to separation from your family?

No homesickness _____ Some initial homesickness _____ Persistent homesickness _____

My child makes friends: Very easily _____ Fairly well _____ With difficulty _____

My child's strong dislikes _____

How does your child go along with the limits you set?

No problem _____ Sometimes resists, but goes along _____ Resists _____

Please explain _____

What type of discipline methods work best with your child? _____

What makes your child angry and how is that anger expressed? _____

Has your child received any professional counseling? (i.e., Psychiatrist/Psychologist, Social Worker, Child Guidance, Physician, other). If YES, please list any information.

If your child is a bedwetter, comment briefly on frequency and causes:

Does your child have any other sleeping problems?

Family Information

My child lives with (check all):

() mom () dad () stepmom () stepdad () grandparent(s) () other _____

Are there any special family situations we should be aware of? (i.e., moving, school, changes in family)?

Are there any significant problems associated with your child's eating? _____

Is your child in the appropriate grade based on his/her age? _____ If not, please explain. _____

Does your child tend to be drawn to friends who are _____ younger _____ same age _____ older

How would you describe your child to someone who's never met him/her?

Jewish Identity

What denomination do you consider your family?:

Reform _____ Conservative _____ Orthodox _____ Reconstructionist _____ Traditional _____ Non-Jewish _____ Other _____

What is your synagogue affiliation? _____

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

If your child will be studying for their Bar/Bat Mitzvah over the summer, our staff can provide tutoring for up to one hour per week. If this is of interest to you, please send copies of the material with your child to camp.

Are you interested in Bar/Bat Mitzvah tutoring for your child for a Bar/Bat Mitzvah before January, 2011? _____

Camping History

| CAMP NAME | YEARS ATTENDED | DAY/ RESIDENT | CAMPER REACTION TO CAMP EXPERIENCE | PARENT REACTION TO CAMP EXPERIENCE |
|-----------|----------------|---------------|------------------------------------|------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

