

CAMPER QUESTIONNAIRE

Camper's Name _____ Date of Birth _____

- List some of your child's

Likes _____

Dislikes _____

- My child likes to be called _____

- My child excels at _____

- My child needs to work on _____

- My child's favorite foods are _____

- My child's least favorite foods include _____

- My child's best friends are _____

- On a scale of 1 – 5 with 5 the highest, rate My child's swim ability _____

- My child can be dismissed to _____

- Please provide any other pertinent information about your child so we can better understand him/her.

- In case of emergency, please contact _____

(phone #) _____