

PLEASE FILL OUT AND MAIL NOW!



**PARENT / GUARDIAN
QUESTIONNAIRE**

We encourage parents / guardians to fill out this questionnaire carefully and completely. The information provided will be kept confidential and shared *only* with your daughter's counselors. We appreciate your response to this questionnaire since it helps our staff provide each camper with a successful and memorable camp experience. It is important that the staff member is able to review this questionnaire PRIOR your camper's arrival at camp so we ask that you please RETURN the questionnaire with your balance due payment.

Camper's Name _____ Age _____ Grade in Fall

Hometown _____ Session Attending _____ School
Attending _____

Is this your daughter's first experience away from home?

Is this your daughter's first resident camp experience?

Has your daughter attended Camp Newaygo before? _____ If yes, how many years?

Has your daughter attended another camp before? _____ If yes, how many years?

Name of camp previously
attended _____

Does your daughter interact best with children of her own age, younger, or older?

What is your daughter most looking forward to doing at camp?

What do you hope your daughter will gain from her experience at Camp Newaygo?

Does your daughter have any health or dietary restrictions, special needs, etc. that her counselors and the staff should know about?

Please share with us any additional information that may make your daughter's camp experience more successful (i.e. fear of the dark, bedwetting, sleepwalking, fear of storms, shy, trouble interacting with peers, etc). Please use the backside of this form if needed.

Parent / Guardian Signature _____ Date _____