

Please Return by May 1st!



# Southwoods

## Parent-Camper Information Form

Your camper's name \_\_\_\_\_

Child's Grade in September (after the summer) \_\_\_\_\_

Circle Session:    Session 1            Session 2

Name of parent completing form \_\_\_\_\_

Parent 1 Email \_\_\_\_\_

Parent 2 Email \_\_\_\_\_

Note to Parents: To help us more effectively plan and program for each camper's unique needs and interests we ask that you complete the form below. Please give us any and all information that will help your child be successful at camp. To assure optimum cabin placements this form must be returned by May 1<sup>st</sup> to our camp office.

We are especially interested in the goals and expectations you have for your child this summer at Southwoods. What needs to happen for you to feel like the summer has been a success? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivates your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What upsets your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List five words that describe your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us about a time when your child surprised you in an uncharacteristic way.

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Tell us how your child has changed in the past year. \_\_\_\_\_

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Does your child take any medications or have any health problems? If so, please list them. \_\_\_\_\_

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Does your child have any food allergies or special dietary needs? \_\_\_\_\_

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Please list any campers you would like your child to be placed with or special concerns regarding the cabin. Please remember campers must both choose each other to guarantee they are together. Negative requests may impact positive requests. \_\_\_\_\_

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Please share any other information we should know about your child's personality and/or special needs in order to assist his/her adjustment to camp and help us to provide a safe, exciting and fun summer. \_\_\_\_\_

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