

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 1st 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.

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

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

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

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. _____

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. _____
