

PONACKA PARENT QUESTIONNAIRE FOR FORMER CAMPERS

**Please mail three weeks before coming to camp.*

CAMPERS NAME: _____ Birth Date: _____ 19___. Age on July 1st _____

Entering Grade: _____ This will be his _____ year at Ponacka. My son is: Mature _____ Average _____ Immature _____

If both parents are not in the home please explain (step parents, custody arrangements ...) _____

How keen is your son to attend camp? Very keen _____ Keen _____ Ambivalent _____ Reluctant _____

Comments: _____

What, if any, are his hesitations about? _____

Have you any preferences about his cabin mates?

If your son is a bedwetter, please indicate your wishes regarding whether we should wake him, give medication: _____

If you expect him to be homesick, how could we best help him? _____

What if any, directions are to be followed for eyeglasses, orthodontic wear etc. _____

If necessary, please give us additional directions regarding your son's sleeping or eating habits _____

Please add any information that would help us in caring for your son (learning disabilities, social or emotional concerns):

Please Complete on reverse >>>

What are the most important things you would like him to accomplish? : _____

In what way do you think Ponacka could help him most? : _____

If your son is a four week camper when are you most likely to visit? _____

Confidential information or other requests. _____

NOTE FOR ROMAN CATHOLIC PARENTS: The majority of campers attend the chapel service at camp. However, if you wish your son to attend Mass, please write a brief note.

What were the highlights of his last stay at Ponacka? _____

Was he dissatisfied with anything? _____

Were you dissatisfied with anything? _____

Other suggestions for making his stay better. _____

I would like our e-mail in the camp 'Rag Bag' which is produced at the end of each month. **YES / NO.**

E-mail address: _____.

Camp Ponacka has been successful over the years largely due to the personal referrals that campers and their families have given to friends and relatives. If you know of any families who would like to receive our literature please list their names and addresses below. Thank you!

Date: _____ Completed by: _____.