

PONACKA PARENT QUESTIONNAIRE FOR NEW CAMPERS

CAMPER'S NAME: _____ Birth Date: D/M/Y _____

Age on July 1st: _____ Entering Grade: _____ Height: _____ Weight: _____

Please rate your son's maturity: 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 is he hesitant 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 any additional directions regarding your son's sleeping or eating habits:

What are his special talents? _____

Does he make friends : with difficulty ___ easily ___ fears: _____

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

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

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

NOTE FOR ROMAN CATHOLIC PARENTS: The majority of campers attend the Chapel service at camp. However, if you wish your son to attend Mass in Highland Grove (a 46 km round trip) instead, please write us a brief note to this effect.

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: _____.