

**PONACKA PARENT QUESTIONNAIRE FOR FORMER CAMPERS**

CAMPERS NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ 19/20\_\_ Age on July  
1<sup>st</sup> \_\_\_\_\_

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!

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_.