

**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, please write us a brief note.

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: \_\_\_\_\_.