

CAMPER INFORMATION FORM- Parents

(Due by March 15th)

Camper's Name: _____ Parent's Name: _____

Date of Birth: _____ Present School Grade: _____

Prior Years at Kennybrook _____ Siblings/Ages _____

Mothers Email _____

Fathers Email _____

NOTE TO PARENTS: To satisfactorily plan and program for each camper's unique needs and interests , we ask that you complete the form below and return it to us by March 15th. Feel free to use additional paper for any confidential information. Please note that this information is used solely by the Director's and will not be seen by anyone else.

PARENT SECTION: We are especially interested in your expectations for your summer at Kennybrook. Please help us with your comments.

Allergies: _____

Food Restrictions/ Dietary Needs: _____

General Sleeping Patterns: _____

1. As a parent, what do you hope your child gets from a summer experience at Kennybrook ?

2. Did you go to sleep away camp as a child ? _____

3. Will your child display any anxiety or resistance to participating in any activity offered at Kennybrook ?

(Over)

4. Can your child sleep in a top or bottom bunk bed?

5. Has your child or family recently undergone any life effecting experience or change (physical, medical, social or emotional) that might impact his/her summer at camp?

6. Please give a brief description of your child's personality traits, social skills, athletic interests, and anything else you wish us to know to help your child succeed at Kennybrook.

Thank You!