

Dear Huckins Parent:

Camp and the home need to share a close, sympathetic, intelligent relationship in order to make your daughter's camp experience a happy one. The more you tell us about your daughter before she comes to camp, the better equipped we will be to understand her.

This questionnaire covers general information and some of the fundamentals of physical, moral, social and spiritual values. It is difficult to assess a child, especially your own, as there are many factors which enter into such an analysis; i.e. recent behavior, physical or emotional state of examiner, desire to create a good impression or reluctance to overestimate. This information will be held in strictest confidence. We suggest that your daughter fill out her section first.

Please return this form as soon as possible, the cabin counselors need to see it before your daughter arrives at camp. It should be an exciting experience for you, for it is about the most interesting person in the whole world – **your daughter!**

Campers Name \_\_\_\_\_ Age \_\_\_\_\_  
Name of Parents \_\_\_\_\_  
Occupation of Parents \_\_\_\_\_  
Camper Lives With(Please Circle) Mother & Father Mother Father Other \_\_\_\_\_  
Parent Marital Status \_\_\_\_\_ Number of Children in Family \_\_\_\_\_

Are there any custody issues, court orders or non-visitation agreements that we should know about(a copy of court order **MUST** be included) \_\_\_\_\_

This is my daughter's \_\_\_\_\_ year at resident camp and her \_\_\_\_\_ year at Camp Huckins.  
How does she feel about going to camp this year? \_\_\_\_\_  
What five words best describe your daughter? \_\_\_\_\_

Please check all that apply:

Does she make friends easily \_\_\_\_\_ Is she a vegetarian \_\_\_\_\_ Does she wet the bed \_\_\_\_\_  
Prone to Headaches \_\_\_\_\_ Does she walk in her sleep \_\_\_\_\_

Your daughter **needs** to be checked for lice within the two weeks prior to camp. Please initial to confirm she will be checked. \_\_\_\_\_ If you need instructions on performing a lice check please contact your school nurse.

Has a fear of \_\_\_\_\_  
Allergic Reaction to \_\_\_\_\_  
Does your child take medication for an ongoing condition, such as ADD/ADHD? \_\_\_\_\_  
Name of Condition \_\_\_\_\_ Will she be taking these medications while at camp \_\_\_\_\_

Do you have any concerns you would like to share \_\_\_\_\_

Our camp generally has staffing ratios of 1 staff per 6 children. Do you feel this will be adequate for your child's physical and behavioral needs? \_\_\_\_\_ If no, please describe what you feel your child's need may be: \_\_\_\_\_

Are there any behaviors you are aware of that your child may need special assistance from staff, such as reminders to use the bathroom, appropriate problem solving skills, special equipment \_\_\_\_\_

Please state two times that she has successfully been away from home before without homesickness:

Where \_\_\_\_\_ How long \_\_\_\_\_  
Where \_\_\_\_\_ How long \_\_\_\_\_

If she has not been successful at being away from home, how was it handled? \_\_\_\_\_

What do you hope your child will experience/learn at camp this summer? \_\_\_\_\_

My name is \_\_\_\_\_

My friends call me \_\_\_\_\_

In June I will have completed the \_\_\_\_\_ grade in school.

I am coming to Camp Huckins because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hope to be able to do the following things at camp \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My hobbies are \_\_\_\_\_

\_\_\_\_\_

I like music \_\_\_\_\_ I play the following instrument \_\_\_\_\_

I like to sing \_\_\_\_\_ dance \_\_\_\_\_ act \_\_\_\_\_ read \_\_\_\_\_

The following frightens or makes me nervous about coming to camp \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camper's Signature