

## KINDERLAND CAMPER QUESTIONNAIRE

The purpose of this profile is to help us provide the best summer experience for your child. To do so, we need to know as much as possible about each camper's likes, dislikes, habits, health, and yes, problems. PLEASE BE CANDID. We will use the utmost discretion in sharing sensitive information with appropriate staff members, and at no time will other children have access to any information included herein. We will be living with your child for the summer season; and it would help us to know her or him as well as we can. Again, all kids have some problems and special needs—social, physical, medical, etc. — just as all kids have strengths, skills, and special talents. Please share the good, and the not-so-good, and help us know our camper—your child.

Camper's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School Grade \_\_\_\_\_

Name parent 1 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Name parent 2 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Medical

Does your child have any medical condition or history of which we should be aware?(also attach separate sheet to medical form.) Please describe disabilities, physical limitations, allergies, etc.

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Does your child take any medication on a regular basis? Explain.

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Name, address and phone of child's physician:

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Dental: Does your child have a dental condition of which we should be aware? e.g, dental appliance with special instructions, condition relevant to dental treatment such as extreme fear or sensitivity, or allergy to anesthetic.

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Name and phone of dentist: \_\_\_\_\_

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Name and phone of orthodontist if applicable: \_\_\_\_\_

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### Physical

Are there any physical problems, habits, tendencies, of which we should be aware? Please pay particular attention to bedwetting, bladder and bowel control, eating habits, sleeping problems, learning disorders. Share with us any strategies you've devised at home to handle these situations; make any recommendation you feel would be helpful.

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### Family Circumstances

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Please describe any family circumstances that may have bearing on your child's camp experience. These might include recent separation or divorce or remarriage, illness or death of close family member, birth of sibling, move to new home, etc. Please share with us your child's reaction to this circumstance, and any suggestions that would help us meet your child's needs regarding it.

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Emotional/Behavioral

Camp life is intimate and though children tend to be on their "best behavior" for the first few days, they soon start feeling comfortable and behave more openly. Please take some time to consider and describe your child's *usual* behaviors and responses to the kinds of situations listed below. Always feel free to include suggestions or strategies that may be helpful to us. Continue on back of sheet or attach pages as needed.

Has your child been homesick in another situation, particularly a camp situation?

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Does your child have any particular fears? Nightmares?

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Tell us about any problems or negative tendencies in your child's social behavior with peers. Is s/he aggressive, very shy, extremely sensitive or a loner? Does s/he sometimes tease or try to dominate other children? Is s/he sometimes teased or excluded? Does s/he have a volatile temper? Does s/he tend to respond with physical or verbal aggression in a conflict situation?

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Tell us about positive qualities and tendencies in your child's social behavior. These might include compassion, friendliness, generosity, cooperation, respect for differences, etc.

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Are there any aspects of him/herself about which your child is especially sensitive? These might include physical characteristics such as height or weight, learning disabilities, family situations, etc. Please help us be extra sensitive by sharing this information.

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How do you anticipate your child will respond to the general demands of camp life: i.e., responsibilities for clean-up, laundry, communal dining with limited menu choices, restrictions based on safety concerns at the waterfront, on overnights and trips, etc. How does your child generally respond to limits?

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### CAMPER RESPONSES

We're excited and happy that you'll be joining us at Camp Kinderland this summer. Answering the following questions will help us know a little more about you, your likes and dislikes, your hopes and expectations for your stay in camp. If you have any questions or concerns, please call the camp office (718-643-0771) and we'll do our best to respond.

Below are listed some of the activities you'll be able to choose at Camp Kinderland. Please let us know which most interest you by numbering them from 1 - 5 with most #1 being most interesting and #5 being least interesting. If you're not sure, you can say so.

_____ Nature	_____ Sports
_____ Drama	_____ Arts & Crafts
_____ Construction	_____ Hiking/Camp crafts
_____ Folkdance	_____ Swimming
_____ Music/Singing	_____ Writing
_____ Overnights/Cookouts	_____ Gardening

Others not listed: \_\_\_\_\_  
\_\_\_\_\_

Do you have hobbies, skills or talents you'd like to tell us about?

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\_\_\_\_\_  
\_\_\_\_\_

Is there a musical instrument you play and want to bring to camp?

\_\_\_\_\_  
\_\_\_\_\_

Are you a vegetarian? \_\_\_\_\_

Do you have any particular food likes/dislikes or restrictions?

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Please use this page for anything you'd like to share with us about yourself, your preferences, hopes, worries, and wishes about this coming summer. You can draw a picture if you like, or a cartoon, or write a poem, story or song. Attach a photo if you like. Thanks for helping us get to know you, and welcome to CAMP KINDERLAND.

Your name \_\_\_\_\_