



Parent Questionnaire

Camper's Name: _____

Camper's Nickname: _____

The following questions are designed to help us place campers into groups, plan our program, and provide helpful information to the camp director, counselors, and instructors who will be working with your child. All information will be kept strictly confidential.

Grade completed by camp _____

Age by camp _____

Years at: Mo-Ranch Summer Camps _____

Other overnight camp _____

Brothers' and sisters' names and ages: _____

Has s/he been away from home/family for three or more consecutive nights successfully? ____ Yes ____ No

Does your child have any specific fears? ____ Yes ____ No Please explain. _____

Any physical limitations or special considerations we should be aware of? _____

Any special dietary needs? ____ Vegetarian ____ Vegan ____ Gluten ____ Dairy-Free ____ Diabetic ____

Are there specific foods your child enjoys or will not eat? _____

Has your daughter started menstrual periods? ____ Yes ____ No If no, is she prepared? _____

Please describe your child's swimming ability. _____

Are both parents living? ____ Yes ____ No
Camper is living with: ____ Both Parents ____ Mother ____ Father ____ Other

Correspondence/Reports need to go to whom? _____

Please share with us any personality considerations. Example: shy, nervous, tires easily, temper, natural leader, daydreamer, nightmares, etc. _____

Please describe any behavioral situations which we should be aware of and best method of resolution. _____

What would you like for your daughter or son to get out of the camp experience? _____

Please feel free to attach a sheet describing anything else that you think we should be aware of.