



APPLE DAY CAMP

CONFIDENTIAL PERSONALITY QUESTIONNAIRE

Privacy Note: This information is used solely to better assist your child at camp. Information is strictly confidential and viewed in accordance with your specifications. The information you provide is **voluntary** (optional). If you are uncomfortable or unsure about portions of this form, we encourage you to speak directly with a Camp Director.

Socialization

[Who should have access to SOCIALIZATION information? DIRECTORS ONLY DIRECTORS & COUNSELOR ALL STAFF]

1. Has your child attended any camp before? Y N
2. Do you feel your child socializes well at school? Y N
Please describe: _____

3. Is your child involved in other organized activities? Y N
Please describe: _____

4. How often does your child interact informally with other children?
(Do not include school, immediate family, & organized activity.)
 Over once/week About once/week About twice/month Rarely

5. Describe how well your child does with new surroundings.

6. Describe how well your child does with new children and adults.

7. Does your child have any learning difficulties or disciplinary issues at school? Y N
Please describe: _____

8. Specific to this summer, are there any temporary adjustments to your child's life?
(Examples: Staying with grandparents, medication change, etc.)
Please describe: _____

9. Mark a "Y" next to words that describe your child and an "N" next to words that do not.
(If you don't feel strongly on a particular word, you may leave it blank.)
 OUTGOING ENERGETIC SOFT-SPOKEN FLEXIBLE
 ATHLETIC ARTSY BOOKISH
 ENTHUSIASTIC EASILY FRUSTRATED SCARED (to try new things)

Family

[Which staff do you grant access to FAMILY information? DIRECTORS ONLY DIRECTORS & COUNSELOR ALL STAFF]

1. Is there anything about your child's home life that is important for us to know?
(Separation/loss issues are treated with great sensitivity. In most cases, it's a good idea to share this info with camp staff.)

2. Please list the people in your household and their relationship to your child. (For siblings, please include ages.)

Your Child Calls This Person	Relationship to Your Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(DON'T FORGET TO FLIP this page over)

Activities

[Which staff do you grant access to ACTIVITIES information? DIRECTORS ONLY DIRECTORS & COUNSELOR ALL STAFF]

All campers will be swim assessed by our trained staff; however, we would like to know:

1. How do you feel about your child's swimming ability?

- Great swimmer, I'm very comfortable Adequate swimmer, I'm pretty comfortable
 Inexperienced/poor swimmer, I'm not too comfortable No swim experience

2. What is your child's previous swim experience?

(List any swimming instruction and how often your child has swum in the past.)

Please take the time to consider the more intense elements of our camp program:
Horseback riding, animal care and feeding, archery, swimming, fishing, climbing walls & extensive traveling

3. What, if any, activity restrictions would you have placed upon your child?

4. What are your concerns about camp activities?

(Adequate instruction, skill assessment and safety precautions are already a part of every camp activity.)

5. What activities will your child be most tentative about?

6. How much should our staff encourage your child to participate in activities?

Additional Information

What other important information would like us to know about your child?

(Please indicate allergies, special needs, dietary restrictions & modifications, or other issues.)

This document contains only personality information that I am choosing to disclose about my child and my family. I understand this information will be used discreetly at camp, only in the manner specified.

Child's Name

Parent's Signature

Date