



# PARENT QUESTIONNAIRE 2016

In a few weeks your child will be living with other campers the same age, and a well-prepared counselor. Each camper has the opportunity to develop in a number of ways: physically, socially and spiritually. We want to encourage that growth. Completion of this form BY THE PARENT is a real help to us.

- Anything of a confidential nature should be written on a separate piece of paper.
- Please send this form to the camp address at least one week prior to your campers arrival. The information on this page helps us with tent/cabin group placement.
- Please print.

Circle Week(s) of Attendance

PERFORMING ARTS      DAY

BUILT 1                      BUILT 2

BOYS                        HORSE

CILT 1                      CILT 2

GIRLS 1                    GIRLS 2

JR HORSE

☐ MALE

\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
Birth month/day/year

\_\_\_\_\_  
Grade - fall of 2016

☐ FEMALE

## Who Lives In The Campers Home

Father (first and last name) \_\_\_\_\_

Occupation \_\_\_\_\_

Mother (first and last name) \_\_\_\_\_

Occupation \_\_\_\_\_

Reason for parent not living at home: death      divorce      separation      never has

Brothers and Sisters (names and ages) \_\_\_\_\_

Is there anyone to whom your child should not be released?      YES      NO

If yes, please give names and relationship \_\_\_\_\_

**Please describe recent major changes or stressors in a camper's life.**

**What special facts should we know in order to better and more quickly get to know and understand your camper?** (Allergies, disabilities, activity restrictions, bed wetting, learning disabilities, special abilities, fears, dietary restrictions, etc.)

Is your child on medication during the school year for ADD or ADHD?      YES      NO

If yes, will your child be on this medication during camp?      YES      NO

Has your child been to camp before?    YES            NO    Where? \_\_\_\_\_

When? \_\_\_\_\_ Briefly describe that experience \_\_\_\_\_

If not, has your child been away from home alone for more than 2 days?    YES    NO

If other family members (including extended family) have been at HFCC before please give their names and approximate year(s) of attendance.

What responsibilities does your child have at home? \_\_\_\_\_

What personality traits best describe your child? \_\_\_\_\_

How does your child relate to family, peers and authority figures? \_\_\_\_\_

What are your child's greatest interests? \_\_\_\_\_

What do you want your child to get out of camp?

Physically

Socially

Spiritually

- I give my permission for my child to participate in all camp activities, both on and off site.
- In the event of a medical emergency, if I cannot be reached, I give my permission to the camp administrators to hospitalize, secure proper anesthesia, injection and surgery and do whatever appears medically necessary for my child.
- I give permission for my child to be photographed or video taped in the course of camp activities. I will allow Huron Forest Camp CedarRidge to use these materials for public relations purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Before June 01, mail to:**

**Huron Forest Camp CedarRidge  
PO Box 700283  
Plymouth, MI 48170**

**After June 01, mail to:**

**Huron Forest Camp CedarRidge  
1154 W. River Rd  
Oscoda, MI 48750**

*Please return this form at least one week prior to your campers arrival at camp, as this information helps camp staff with tent/cabin group assignments.*