



Parent Questionnaire

Please complete the following questionnaire and return it when you come for New Parent Orientation or the Meet the Counselor meeting. Thank you.

Child's Name _____ Nickname _____

Child's Date of Birth _____ Age as of June 1 _____

Please describe your child's general temperament (i.e., shy, outgoing, etc.) and things that s/he enjoys doing. If s/he has any fears such as the pool, loud noises, clowns, etc., please indicate. _____

Does your child have any allergies? No Yes

If yes, to what: _____

Please be sure that you have read and completed the DPJCC's Allergy Policy, which is a part of this packet, especially if your child needs medication, an epi pen, etc.

Does your child have any restrictions that would prevent them from fully participating in all camp activities? No Yes

If yes, please list any restriction: _____

My child will or will not attend extended care. (Check all that apply below)

_____ 7:30 am Early Care _____ 4:00-6:00 pm After-care

If there is anything that we should know about your child or family that might help him/her have the best summer camp experience possible, please indicate:

