



# Camp La Junta

## Confidential Questionnaire

Term (please check correct term)

- 1st  1A  1B  
 2nd  2A  2B

**Camper's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

This questionnaire will furnish the Director and counselor staff with information necessary to accurately assess your son's physical and psychological needs, attain the proper cabin and activity assignments, and properly safeguard his health. **Too much emphasis cannot be placed on the importance of this information;** therefore, parents are asked to exercise the utmost thought and consideration in answering these questions. Your son's welfare is important to us, so please be as precise and elaborate as possible.

Custodial Parents' Names: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Non-Custodial Parents Names: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### Family Information:

Does Camper live with both parents? \_\_\_\_\_ If not, then with whom? \_\_\_\_\_  
 Name and address of Second Parent: \_\_\_\_\_

**If not living with both, should both parents receive counselor reports?** \_\_\_\_\_

List members of Camper's household (name, age, relationship): \_\_\_\_\_

Describe special family circumstances: foster parents, step-parents, recent deaths, divorce, arrests, relocations, particular religious preferences, etc. : \_\_\_\_\_

### Personal Characteristics:

Mark character traits most commonly exhibited around other children (use "O" for often and "S" for sometimes):

- \_\_\_ shares    \_\_\_ leader    \_\_\_ energetic    \_\_\_ affectionate    \_\_\_ gets own way    \_\_\_ timid  
 \_\_\_ selfish    \_\_\_ follower    \_\_\_ quiet/shy    \_\_\_ unresponsive    \_\_\_ gives in easily    \_\_\_ aggressive

**Frequent Sleeping Habits:** \_\_\_ talks in his sleep    \_\_\_ sleepwalks    \_\_\_ nightmares    \_\_\_ wets bed

**Eating Habits:** Eats: \_\_\_ moderately    \_\_\_ much    \_\_\_ little    \_\_\_ often    \_\_\_ picky

Has strong dislike for what foods? \_\_\_\_\_ Do **YOU** insist that he eat some of all foods? \_\_\_\_\_

Is he under the regular care of any physicians? (explain reasons) \_\_\_\_\_

Does he take any regular medication? (specify) \_\_\_\_\_

Has he had any emotional disorder? (explain) \_\_\_\_\_

Has he had any discipline problems at school? (explain) \_\_\_\_\_

Does he have any unusual fears? \_\_\_\_\_

What are his chief interests and hobbies? \_\_\_\_\_

Does he have any special talents? \_\_\_\_\_

Can he swim? \_\_\_\_\_ Read? \_\_\_\_\_ Any learning disability? \_\_\_\_\_

**Cabin Mates Requested** (must be mutual/limit one) 1. \_\_\_\_\_

Is there any specific thing he needs to gain from his camp experience? \_\_\_\_\_

*Please use the reverse side to explain anything else we should know about your child that could potentially effect the quality of his or another child's experience at camp. Please use the reverse side of this form to add any suggestions as to how we may best contribute to your son's development and desired goals or to explain in more detail any particular situations mentioned above.*