



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA CAMP WINONA**  
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## PARENT'S CONFIDENTIAL QUESTIONNAIRE

The following confidential information is shared only with relevant staff to ensure your child acclimates to camp and has a safe, meaningful, and fun camp experience. Your child will not see this form at camp.

CAMPER'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_ SEX \_\_\_\_\_

1<sup>ST</sup> PARENT'S/GUARDIAN'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

2<sup>ND</sup> PARENT'S/GUARDIAN'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NUMBER OF BROTHERS: \_\_\_\_\_ AGES: \_\_\_\_\_ NUMBER OF SISTERS: \_\_\_\_\_ AGES: \_\_\_\_\_

HAS YOUR CHILD BEEN AWAY FROM HOME OVER NIGHT BEFORE? (Y / N) EXPLAIN \_\_\_\_\_

HAS YOUR CHILD ATTENDED OVERNIGHT CAMP BEFORE? (Y / N) NAME/YEARS/CHILD'S EXPERIENCE \_\_\_\_\_

PLEASE DESCRIBE ANY IMPORTANT DETAILS ABOUT YOUR CHILD THAT WILL HELP HIS/HER COUNSELORS PROVIDE THE BEST SUPPORT POSSIBLE. \_\_\_\_\_

WHAT ARE YOUR CHILD'S INTERESTS, TALENTS, AND HOBBIES? \_\_\_\_\_

WHAT DO YOU EXPECT YOUR CHILD TO GAIN FROM HIS/HER EXPERIENCE AT CAMP? \_\_\_\_\_

WHAT ACTIVITIES DOES YOUR CHILD EXPECT TO DO AT CAMP? \_\_\_\_\_

DESCRIBE ANY BEHAVIORAL/HEALTH ISSUES THAT YOUR CHILD'S COUNSELOR SHOULD BE AWARE OF (I.E., BED-WETTING, NIGHTMARES, SLEEP WALKING, AGGRESSIVE BEHAVIOR). ALSO LIST ANY MEDICATIONS THAT YOUR CHILD TAKES THAT AFFECT HIS/HER BEHAVIOR OR MOOD.

WHAT WERE THE MAJOR EVENTS/ACCOMPLISHMENTS IN YOUR CHILD'S LIFE IN THE PAST YEAR? (I.E. NEW SIBLINGS, RECENT DEATH IN FAMILY, DIVORCE, CHANGE IN YOUR JOB STATUS, MOVING, ACADEMIC EXCELLENCE, SPORTS ACHIEVEMENTS)

PERSONALITY TRAITS: PLEASE MARK ALL THAT APPLY TO YOUR CHILD.

- |                                  |                                  |                                      |  |                                       |
|----------------------------------|----------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> TENSE   | <input type="checkbox"/> HAPPY   | <input type="checkbox"/> EASY GOING  | <input type="checkbox"/> NERVOUS       | <input type="checkbox"/> AGGRESSIVE   |
| <input type="checkbox"/> SHY     | <input type="checkbox"/> SELFISH | <input type="checkbox"/> FOLLOWER    | <input type="checkbox"/> MOODY         | <input type="checkbox"/> ANTAGONISTIC |
| <input type="checkbox"/> HELPFUL | <input type="checkbox"/> LEADER  | <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> QUICK LEARNER | <input type="checkbox"/> WITHDRAWN    |

ARE THERE ANY OTHER ISSUES, CONCERNS, FEARS OR QUIRKS WE SHOULD KNOW ABOUT? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

(IF MORE SPACE IS NEEDED, PLEASE USE OTHER SIDE OF THIS FORM)