



2970 Kohler Rd. • Varysburg, NY 14167 • 585.535.7832 • CampHickoryHill.org

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**Dear Parent or Guardian,**

Thank you for registering your child for camp. While at camp, your child will be living with a small group of other campers, a Senior Counselor and a Junior Counselor. Your child will have opportunities to develop physically, mentally, socially and spiritually. We want to encourage that growth in whatever ways we can. By filling out the questionnaire below, you will help the counselors to better relate to your child. Please return this with the balance of the camper fee.

Thank You!

Name of Camper \_\_\_\_\_ Dates Attending Camp: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Has your child been to a camp before? \_\_\_\_\_ Where and When? \_\_\_\_\_

If not, has your child been away from home alone for more than two days? \_\_\_\_\_

Who lives at home? Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers \_\_\_\_\_ Number Older \_\_\_\_\_ Number Younger \_\_\_\_\_

Sisters \_\_\_\_\_ Number Older \_\_\_\_\_ Number Younger \_\_\_\_\_

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

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

(shy, cheerful, strong willed, sensitive, calm, easy going, alert, aggressive, etc.)

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

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

Physically \_\_\_\_\_

Socially \_\_\_\_\_

Spiritually \_\_\_\_\_

Please share any special facts we should know in order to better understand and help your child. (Use the back if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_