



Camp Choconut

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Camper Questionnaire Summer Session 2010

Camper Name _____

These questions are intended to help us get to know you and your child faster, to understand your expectations and to be aware of problems that might arise. These questions are not intended to be intrusive, nor are they compulsory.

Please call the Director if you would prefer to discuss specific issues. It is our goal to make your child's experience at Camp Choconut safe and rewarding.

What are *your* goals for your child during this summer experience? _____

What are *your child's* goals for this summer experience? _____

What makes your child unique? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What are your child's biggest challenges or fears? _____

Has your child ever slept away from you for an extended period? If so, where and for how long? _____

Did your child experience homesickness? If so, what was the outcome? _____

What do you expect from your child's counselor? _____

Are there special circumstances at home that we should know about? _____

Please share any additional information here: _____
