



# CAMP POYNTELLE LEWIS VILLAGE

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## Parent Questionnaire

Child's Name \_\_\_\_\_ Grade in Sept '10 \_\_\_\_\_

This questionnaire helps us prepare a more specific, focused program for your child. Your detailed responses are kept confidential and are important in helping us enrich your child's summer and better serve their individual needs. Our camp philosophy emphasizes that each child is unique and deserves the most personalized experience possible.

**Please attach a recent picture of your child to this form.**

Please list up to two children that your child would like to have in his/her bunk

1. \_\_\_\_\_ 2. \_\_\_\_\_

*CPLV reserves the right to deny any bunk requests at the discretion of camp management.*

### **Personality**

1. Has your child been to sleepaway camp before? \_\_\_\_\_
  - a) Name of camp \_\_\_\_\_ year \_\_\_\_\_
  - b) Name of camp \_\_\_\_\_ year \_\_\_\_\_
  - c) Was your child homesick? \_\_\_\_\_
2. Has your child been away from home overnight other than camp? \_\_\_\_\_
  - a) Where and for how long? \_\_\_\_\_
  - b) Was your child homesick? \_\_\_\_\_
3. Is your child eager to come to camp? \_\_\_\_\_
4. List the activities in which your child excels: \_\_\_\_\_
5. List the activities in which you would like your child to improve: \_\_\_\_\_
6. What does your child like to do in his/her spare time?  
Activities \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Youth Groups/Clubs \_\_\_\_\_
7. In what ways would you like camp to help develop your child's:  
Habits: \_\_\_\_\_  
Physical Skills: \_\_\_\_\_  
Social Attitudes: \_\_\_\_\_  
Knowledge: \_\_\_\_\_  
Other: \_\_\_\_\_

8. Does your child have issues with tantrums, weeping spells, nightmares, and/or personal hygiene? \_\_\_\_\_  
\_\_\_\_\_

9. Does your child have any particular fears? And how does your child deal with those fears? (i.e. darkness, animals, lightning, thunder, scary stories, etc.) \_\_\_\_\_  
\_\_\_\_\_

10. a) Does your child make friends quickly? \_\_\_\_\_  
b) Is your child happier alone or with other children? \_\_\_\_\_  
c) Does your child share well with others? \_\_\_\_\_

11. Does your child like to read? If so, what are his/her favorites? \_\_\_\_\_

12. Does your child play a musical instrument? Y or N If yes, what? \_\_\_\_\_

### **Physical**

1. Has your child been in psychological guidance in the past two years? Please describe: \_\_\_\_\_  
\_\_\_\_\_

2. Please list any past illnesses of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

3. \*Does your child take daily medication? If yes, what? \_\_\_\_\_  
\_\_\_\_\_

*\*All daily medications taken must be listed on the camper's medical form.*

4. Has your child been hospitalized in the past year? (If yes, explain.) \_\_\_\_\_  
\_\_\_\_\_

5. Please check the items that affect your child and describe:

- Tendency to colds: \_\_\_\_\_
- Fainting spells: \_\_\_\_\_
- Constipated frequently: \_\_\_\_\_
- Tendency to gain or lose weight: \_\_\_\_\_
- Unable to participate in certain activities: (specify) \_\_\_\_\_
- Is your child a bed-wetter? \_\_\_\_\_ Explain: \_\_\_\_\_
- Does your child wake up during the night? \_\_\_\_\_ Walk or Talk in their sleep? \_\_\_\_\_
- Does your child have normal bowel movements? \_\_\_\_\_
- Is your child's appetite:            Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- Other \_\_\_\_\_

6. a) Does your child have any special food requirements? (allergy, medical reason, religious etc.) \_\_\_\_\_

b) Is your child a vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Would your child prefer a top or bottom bed? \_\_\_\_\_  
(CPLV cannot guarantee your choice but will try to accommodate your preference.)

**Family and Home Life**

<b><u>SIBLINGS</u></b>		
Name _____	Relation to camper _____	Age _____
Name _____	Relation to camper _____	Age _____
Name _____	Relation to camper _____	Age _____
Name _____	Relation to camper _____	Age _____
Name _____	Relation to camper _____	Age _____
Do any of your child's siblings attend Camp Poyntelle Lewis Village? If so, who?		
_____		
_____		
What is your child's relationship with his/her siblings? _____		
_____		
_____		
What is your child's relationship with his/her parents/gaurdians? _____		
_____		
_____		
What is your child's relationship with his/her grandparents? _____		
_____		
_____		
Has your child suffered a significant loss recently? _____		
_____		
Parent's Status (check one):		
Married _____ Widow(ed) _____ Separated _____ Divorced _____		

Are you a member of a JCC or YM&YWHA?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Specify: \_\_\_\_\_

Please use this area to include any other information that you think may help us in preparing for your child's upcoming summer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_