



CAMP POYNTELLE LEWIS VILLAGE

WINTER- 212-00 23rd Ave. Bayside, NY 11360
Ph-718-279-0690 Fax-718-224-4676
Website-www.poyntelle.com

SUMMER- PO Box 66, Poyntelle, PA 18454
Ph- 570-448-2161 Fax- 570-448-2117
Email- summers@poyntelle.com

Parent Questionnaire

Child's Name _____ Grade in Sept '09 _____ Date _____

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.

Personality

1. Has your child been to 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: _____
8. Does your child have issues with tantrums, weeping spells, nightmares, and/or personal hygiene? _____
9. Does your child have any particular 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? _____

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

13. *Please list up to two other children that your child would like to have in his/her bunk? (List full names)

1 _____ 2 _____

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

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

<u>SIBLINGS</u>		
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? _____		

Does your child get along with brothers and sisters? _____		

Does your child get along with mother and father? _____		

Has your child suffered a significant loss recently? _____		

Father's occupation _____ Mother's occupation _____		
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 _____