

Name (Last): _____ (First) _____
W1 _____ W2 _____ W3 _____ W4 _____ W5 _____ W6 _____
The above is for camp personnel use only

Parent Questionnaire

Name of Camper _____

What do you want your child to gain from attending Camp Wiyaka?

What concerns do you have about your child attending Camp Wiyaka?

Has your child ever been to overnight camp before? To Camp Wiyaka before?

Is there any thing that we can do to help your child adjust to overnight camp?

Is there anything we can do to help *you* adjust to your child being at overnight camp?

Anything else you feel that we should know about your child, or his/ her current situation?

Name (Last): _____ (First) _____
W1 _____ W2 _____ W3 _____ W4 _____ W5 _____ W6 _____

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Camper Questionnaire:

Name _____

Nick Name _____

Is there any one that you want for a tent mate? (They must be within one year of your age. We can't promise anything, but we do try.)

Have you ever been to camp before? _____

What is your favorite hobby? _____

What is your favorite food? (We don't promise that it will be on the menu) _____

Why are you coming to camp?

What are you most excited about? _____

What are you most nervous about? _____

Is there anything that you REALLY want to do at camp this year? (Again, no promises, but we'll try) _____

Anything else you want us to know? _____
