



PARENT QUESTIONNAIRE 2012

In a few weeks your child will be living with other campers the same age, and a well-prepared counselor. Each camper has the opportunity to develop in a number of ways: physically, socially and spiritually. We want to encourage that growth. Completion of this form BY THE PARENT is a real help to us.

- Anything of a confidential nature should be written on a separate piece of paper.
- Please send this form to the camp address at least one week prior to your campers arrival. The information on this page helps us with tent/cabin group placement.
- Please print.

Circle Week(s) of Attendance

HORSE CAMP	SOAR 1
BUILT 1	BUILT 2
BOYS	JR. HORSE CAMP
CILT 1	CILT 2
GIRLS	CAMP 101

Name of Camper _____ Birth month/day/year _____ Grade - fall of 2012 _____
 MALE FEMALE

Who Lives In The Campers Home

Father (first and last name) _____

Occupation _____

Mother (first and last name) _____

Occupation _____

Reason for parent not living at home: death divorce separation never has

Brothers and Sisters (names and ages) _____

Is there anyone to whom your child should not be released? YES NO

If yes, please give names and relationship _____

Please describe recent major changes or stressors in a camper's life.

What special facts should we know in order to better and more quickly get to know and understand your camper? (Allergies, disabilities, activity restrictions, bed wetting, learning disabilities, special abilities, fears, dietary restrictions, etc.)

Is your child on medication during the school year for ADD or ADHD? YES NO

If yes, will your child be on this medication during camp? YES NO

Has your child been to camp before? YES NO Where? _____

When? _____ Briefly describe that experience _____

If not, has your child been away from home alone for more than 2 days? YES NO
If other family members (including extended family) have been at HFCC before please give their names and approximate year(s) of attendance.

What responsibilities does your child have at home? _____

What personality traits best describe your child? _____

How does your child relate to family, peers and authority figures? _____

What are your child's greatest interests? _____

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

Physically

Socially

Spiritually

- I give my permission for my child to participate in all camp activities, both on and off site.
- In the event of a medical emergency, if I cannot be reached, I give my permission to the camp administrators to hospitalize, secure proper anesthesia, injection and surgery and do whatever appears medically necessary for my child.
- I give permission for my child to be photographed or video taped in the course of camp activities. I will allow Huron Forest Camp CedarRidge to use these materials for public relations purposes.
- I will accept collect telephone calls concerning my child from the camp administrators.

Parent/Guardian Signature

Date

Before June 25, mail to:
Huron Forest Camp CedarRidge
36208 Freedom Rd
Farmington, MI 48335

After June 25, mail to:
Huron Forest Camp CedarRidge
1154 W. River Rd
Oscoda, MI 48750

Please return this form at least one week prior to your campers arrival at camp, as this information helps camp staff with tent/cabin group assignments.