



The Aaron and Marjorie Ziegelman Campus • South Sterling, PA

PARENT QUESTIONNAIRE — Summer 2010

Please return by **April 20** to: Camp JRF • 101 Greenwood Avenue, Suite 430 • Jenkintown, PA 19046 • FAX: 215-885-5603

Camper Name: _____

This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your child. Please be honest and straightforward, filling in all information that will help your child have a successful summer.

We would like to take a moment to explain these important questions. Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be used inappropriately while others are concerned about their child being labeled or treated differently. All parents want to see their child have a fresh start at camp. Camp JRF appreciates these concerns and ensures that this information is only shared when necessary and only at the discretion of the senior professional staff.

Please know how invaluable such information can be in assisting us to help make your child's transition to camp as smooth, and his or her time in camp as rewarding, as possible. Knowing about a learning difficulty, ADD, a bed-wetting problem or a recent loss or major change in the family or child's life makes a tremendous difference in helping us to be sensitive to your child's needs, especially in the first few days of Camp. Our commitment is to help your child adjust to camp; we want to utilize this information to better understand your child and to assure you of a more successful summer for him or her. Many parents fear that a camp will not accept their child if they are completely forthcoming about these situations. We encourage you to make us a full partner in planning for your child's summer by sharing any relevant information now, and again (as needed) before camp begins. If new concerns arise, in order for us to ensure a successful and happy experience, please let us know.

It is possible that in some situations we may discover that a child might be at risk to oneself or the community. In these situations we must reserve the right to remove this child from the camp program immediately. There may be a circumstance where we have agreed to accept a child with full knowledge of his or her personal issues and have attempted to take all the necessary steps of making the experience successful, but find that we are ultimately unable to do so. For the good of this child and/or the community, the child may have to leave. In all of these situations, we work closely with the parents in our decision making process. With your help, we know that we will continue to maintain this caring and safe community together for many years to come.

Providing honest and accurate information is crucial to ensuring the physical and emotional safety of your child and other campers; failure to do so may result in your child's dismissal from Camp without refund.

We look forward to welcoming your child(ren) into their new home away from home. As always, please contact us if you have any questions or concerns.

TIME AWAY FROM HOME

Has your child been to Camp JRF before? Yes No If yes, how many years? _____

Has your child been away from home or to other camps before? Yes No

If yes, where? _____ Was your child homesick? Yes No

If yes, how was this homesickness expressed and how long did it last? _____

PERSONALITY

Does your child prefer group or solitary activities?

What are your child's social strengths?

What is your child's approach to establishing relationships with other children (i.e. is s/he outgoing, shy, etc)?

How does your child usually get along with adults?

How is your child at reading social cues? Is s/he able to read body language?

What does your child do when s/he is angry, frustrated or disappointed?

What does your child do when s/he is happy or excited?

What does your child do when s/he is bored?

How does your child deal with transitions?

Of what, if anything, is your child afraid? How does s/he react to these things?

What strategies are helpful in supporting your child through challenging situations?

EATING HABITS

Is your child's appetite good? Yes No

Would you describe your child as a fussy eater? Yes No

If yes, please explain:

Does your child have any eating issues that camp should know about? Yes No

If yes, please explain:

Does your child have any dietary needs? Yes No

If yes, please explain:

ACTIVITIES

Activities in which your child excels:

Skills your child would like to learn at camp:

What does your child like to do in his/her free time?

Favorite school subjects:

Does your child play a musical instrument? Yes No If yes, which one(s)? _____
Is s/he bringing the instrument to camp? Yes No

SLEEPING HABITS

What time does your child normally go to sleep at night? _____

Does your child wake up during the night? Yes No

Does your child or has your child ever walked in his/her sleep? Yes No

Does your child regularly talk in his/her sleep? Yes No
If yes, please explain:

Does your child have any sleep disorders (e.g. sleep apnea or night terrors)? Yes No
If yes, please explain:

PHYSICAL & EMOTIONAL HEALTH ISSUES

Please check the items that apply to your child and explain below.

- Asthma Wear glasses, contacts or have any vision issues
 Bed-wetting Any hearing issues Fainting spells Frequent headaches
 Frequent diarrhea/constipation Other issues of which counselors should be aware (*please describe below*)

If any of the above is checked, please explain:

Are there activities in which your child cannot participate? Yes No

If yes, please explain:

Does your child have any allergies? Yes No

If yes, please list:

Does your child demonstrate any learning, behavioral, attention, or anxiety issues? Yes No

If yes, please describe (*and include diagnosis, if appropriate*):

Does your child have TSS or an IEP? Yes No

If yes, what modifications and/or accommodations are being implemented accordingly?

How does this plan play out in Hebrew school?

Is your child under the care of a psychiatrist, psychologist and/or social worker? Yes No

If yes, please state reason:

May we contact your child's psychiatrist, psychologist and/or social worker? Yes No

Name: _____ Phone: _____

Please attach a statement from the professional that addresses the following:

Provides a recommendation for the camper's participation in our camp program.

Describes the camper's management plan at camp (including medication).

Describes behaviors that might indicate to our staff that your child needs additional support with the above plan.

IMPORTANT NOTE

If your child is on medication for emotional health issues, we recommend that s/he be on the same medication/dosage for at least 1 month prior to camp. Please have your doctor notify us in writing if there is any change in prescription.

Has your child had a significant life event (*e.g. family death, divorce, recent move*) that continues to affect his or her life? Yes No

If yes, please describe:

Is there anything else about your child or home situation that you would like to tell us? Please attach additional sheets as necessary.

May we contact the rabbi, cantor, and/or education director at your synagogue if we have questions about your child's synagogue life? Yes No