

BIRCH ROCK CAMP Parents' Questionnaire

We want to know your son. We would appreciate as much information about your son to ensure his time at camp is a positive and beneficial experience. This information will be shared with the staff prior to his arrival. A picture of your son would be beneficial and appreciated. *Thanks!*

Name: _____ Nickname: _____

Will your camper be arriving/departing by plane to Portland Jetport (PWM)? _____ If yes and he needs us to transport him to/from camp, please fill out and return the enclosed Transportation Form.

Is this his first time attending overnight camp? _____

Does he come to Birch Rock associated with other campers? If so, they are _____

What words would best describe your son: _____

What concerns would you like to share about your son: _____

Are there any specific restrictions or illnesses? _____

Is he troubled by bed wetting? sleep walking? animals? Other? Specify: _____

What skills would you like him to develop? _____

What activities do you wish him to focus on? _____

Any particular requests or specific needs? _____

Are there any activities that BRC offers that you **DO NOT** want your son to participate in? _____

What is the most important thing Birch Rock can do for your camper?

We would appreciate a photo of your camper and any additional information you would like to share.