

Mailing Address:  
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Plainview, NY 11803  
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campwdaycamp.com



Please attach a photo of your camper!

## Parent Survey for Campers

Dear Parent,

We would like to know more about your child to help ensure their happiness this summer. Please fill out the following survey. Your responses will only be shared with your child's counselors to help engage them and makethemfeel more comfortable at camp.

**When you complete the survey, please either email or mail it to the camp office.**

Camper's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

1. Three words that describe your child.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

2. List some of your child's skills, hobbies, and interests. \_\_\_\_\_

3. Does your child play any organized sports? \_\_\_\_\_ If yes, what sport: \_\_\_\_\_

4. Where was your child last summer? \_\_\_\_\_

5. Did anything happen in the last year that your child's counselors should be aware of?

\_\_\_\_\_

6. Does your child have any Food Allergies? \_\_\_\_\_

7. Is there anything else you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Looking forward to seeing you and your child this summer!**

All the best,  
Evan  
Owner/Director