



Burns Bog

Summer Day Camps

Camper Questionnaire

Burns Bog Summer Day Camps should be an enjoyable experience for all of our campers! This form is designed to give our Summer Camp Staff more information about your child. The questions on this form will help us meet your child's needs during camp. All information is kept confidential. We do not share camper questionnaire information with other campers or parents. We will not discuss this questionnaire with your child unless directed by a parent or guardian to do so.

Child's Information

First name

Last name

Age:

What Summer Day Camp Theme Week(s) is your child registered for?

General Information

My child is excited about attending Burns Bog Summer Day Camps.

Agree

Somewhat Agree

Disagree

My child enjoys spending time outside.

Agree

Somewhat Agree

Disagree

My child likes to make new friends.

Agree

Somewhat Agree

Disagree

Please list any of your child's strong dislikes that you think we should be aware of:

Communication

Does your child enjoy spending time in a group?

Yes

No

Regarding your child's social development; would s/he communicate and interact with peers and others in an age appropriate manner?

Yes

No

How does your child interact in a group of peers?

Prefers to be by self?

Yes

No

Does not like to be touched?

Yes

No

Bothered by excessive noise?

Yes

No

Grabs or touches other people?

Yes

No

Likes to know the schedule?

Yes

No

Inappropriate language?

Yes

No

Actively participates?

Yes

No

Will participate if encouraged?

Yes

No

Additional Information/Comments Relating to Communication and Group Interaction:

Behavior

Behavioral Concerns (Please Select All That Apply)

Punching/Hitting

Running

Attention Seeking

Risk to Self

Sensitive to Noise

Easily Frustrated

Homesickness

Risk to Others

Please describe triggers for behavior and early signs of escalation

What's the best way of supporting your child when they are showing early signs of distress?

Are there any other behavioral concerns that would affect the child's participation in a group?

Yes

No

If yes, please explain:

Additional Information/Comments Relating to Behavioral Concerns:

Thank you for filling out the *Burns Bog Summer Day Camps Camper Questionnaire*. This information is intended to help Burns Bog Summer Day Camp staff meet the needs of your child. Please be as accurate as possible when filling out this form.

I declare the information listed on this form to be true to the best of my knowledge

Parent/Guardian Name:

Date:

This form must be completed and returned to: education@burnsbog.org a minimum of 10 days before the start of Camp.

Alternatively, forms can be mailed or dropped off at:

Attn: Summer Day Camps
Burns Bog Conservation Society
4-7953 120th St
Delta, BC
V4C6P6