



Summer Day Camps Camper Questionnaire

These questions are designed to help Summer Camps Staff understand your child and their needs.

All information is kept confidential among Camps Staff.

We do not share camper questionnaire information with other campers or parents.

We will not discuss this questionnaire with your child unless directed to by a parent/guardian.

Please be as accurate as possible when filling out this form.

Child's Information

First Name:

Last Name:

Age:

What Summer Day Camp Theme(s) or 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)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Punching/Hitting | <input type="checkbox"/> Running | <input type="checkbox"/> Attention Seeking | <input type="checkbox"/> Risk to Self |
| <input type="checkbox"/> Sensitive to Noise | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Homesickness | <input type="checkbox"/> 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:

Allergies & Medical Conditions

Please describe any allergies, food sensitivities, or relevant medical conditions that your child has:

Other

Please provide any other information about your child that you think we need to know:

Thank you for filling out the *Burns Bog Summer Day Camps Camper Questionnaire*.

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

Parent/Guardian Name:

Date:

Questions? Please call the Society at **604-572-0373** or email education@burnsbog.org.