

Counselor Letter

Dear Parent: Please help your child have a more positive stay at 4-H Camp Wabasso and a better relationship with his/her counselor by answering the following questions as honestly as possible.

All information is kept in confidence.

Dear Counselor:

My child's name is _____ He/She is _____ years old.

My child will/will not celebrate a birthday while at camp. Birthday _____

My child will have a sister/a brother/no siblings also at camp this week. _____

My child looks forward to doing this while at camp. _____

My camper is afraid to do this while at camp. _____

My child is/is not currently on medication. _____

If so what for: _____

My child is out going/shy and quiet. _____

My child is/is not afraid of the dark. _____

My child does/doesn't wet the bed. _____

My child sleeps with a special _____

My child will/will not sleep on the top bunk. **__ Please note:** Children under 10 are not allowed to sleep on the top bunk.

My child is/is not comfortable in and around the water _____

My child refuses to eat _____

My child can/can not groom themselves. _____

My child has these responsibilities at home _____
(dishes, garbage, etc.)

Is your child under any stress that may carry over to camp? _____

Any additional comments: _____

For Official Use Only

Session (s): _____

Dates: _____