

“All About Me” Comfort Form

Camper & Caregiver should fill this in together.

Camper's Name: _____

Camper Section

1. What are your goals for your time at camp?

2. Do you?
 - a. Make friends easily Y N Depends
 - b. Keep friends for a long time Y N Depends
 - c. Seem to have a new set of friends all the time Y N Depends
 - d. Experience homesickness Y N Depends
3. I get cranky when:

4. I am happiest when:

5. I love these foods:

6. I am not very excited about these foods:

7. Is this your first time at overnight camp? Y N

8. If you've been to this camp before, what makes you want to come back?

9. I'd like to know more about this before I come to camp:

10. What do you want us to know about you that will make your time at camp better?

Parent/Guardian Section:

1. What are your camper's special interests or talents?

2. What are your goals for your camper's stay at camp?

3. Are there things that we should know about your camper that would make her stay at camp more enjoyable?

4. Does your camper?
 - a. Make friends easily Y N Depends
 - b. Keep friends for a long time Y N Depends
 - c. Seem to have a new set of friends all the time Y N Depends
 - d. Experience homesickness Y N Depends

5. My camper gets cranky when:

6. My camper is happiest when:

7. These are some foods that my camper loves:

8. These are some foods that my camper won't go near:

Together Section (Both Camper & Parent/Guardian)

1. Do you have any friends or sisters at camp?

2. Do you usually get along with these people?

3. Should we try to have you participate together in programs with the people you know at camp (if applicable by age and/or program)?

4. Should we try to have you stay together in accommodation with the people you know at camp (if applicable by age and/or program)? **Please note** that we will try to honour this but we can't guarantee this.