



Summer Camp Camper Questionnaire

Camper Name: _____

Age: _____ Entering Grade: _____ School: _____

1) **Will your camper have a birthday while at camp?** YES NO
Date of birth, if applicable _____

2) **What is your child's swimming ability?** Good Fair Poor
Do you prefer your child to wear life jacket during swim time? YES NO

3) **What camping gear does your child need?** (Tents are provided.)
None Sleeping bag Sleeping pad

4) **Are there any nonmedical issues that you'd like us to know about your child?**
(bedwetting, night terrors, sleep walking, home sickness, etc.)

5) **How did you hear about this camp?** (Circle all that apply.)
Social Media Another NOS Event Friends Radio Community Calendar
Other _____

6) **Has your child participated in a NOS program before?** YES NO
If yes, which? _____

7) **What do you want your child to take away from this camp experience?**

8) **What other programs would you like to see from NOS?**

