



Voluntary Parental Questionnaire

This information will be used to better prepare our cabin leaders and program staff to meet your child's needs while at camp. **This is a voluntary form - if you wish, leave any questions blank.**

Camper Information

Name of Camp Attending _____ Dates of Camp _____
Name _____ Age _____ Male _____ Female _____
Is he/she a former Maranatha Camper? Yes No If so, how many summers? _____
Has he/she attend other camps? Yes No If so, how many summers? _____

Family Information

Parents are: ___ together ___ separated or divorced ___ widowed ___ other _____
Number of brothers _____ Ages _____ Number of sisters _____ Ages _____
Is there anything else about your family situation you feel we should be aware of?

Camper's Personal Growth

Please check all that apply to your child.

- Home Responsibilities:

<input type="checkbox"/> Tidies own room, bed, clothes	<input type="checkbox"/> Runs errands
<input type="checkbox"/> Does garden, yard or lawn work	<input type="checkbox"/> Washes and dries dishes
<input type="checkbox"/> Has a paper route	<input type="checkbox"/> Other _____
<input type="checkbox"/> Earns spending money	_____
- Friends:

<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Finds it harder to make friends quickly
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- Attitude Toward Legitimate Authority:

<input type="checkbox"/> Respectful	<input type="checkbox"/> Friendly	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Distrustful
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Camper's Skills

- My child tends to:

<input type="checkbox"/> Be athletic	<input type="checkbox"/> Read a lot
<input type="checkbox"/> Settle into a routine	<input type="checkbox"/> Work with his/her hands
<input type="checkbox"/> Enjoy nature	<input type="checkbox"/> Try new things
<input type="checkbox"/> Enjoy swimming	
- Please list hobbies, musical skills, collections or other activities: _____

- Swimming Ability:

<input type="checkbox"/> Fears Water	<input type="checkbox"/> Non Swimmer	<input type="checkbox"/> Fair Swimmer	<input type="checkbox"/> Good Swimmer
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Camper's Personality

Please check all that apply to your child.

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| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Neat | <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Strong-willed |
| <input type="checkbox"/> Individualist | <input type="checkbox"/> Team Worker | <input type="checkbox"/> Leader | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Compliant |

Special physical, mental or emotional disabilities or needs: _____

Please supply any additional information that will help us better meet your child's needs: _____

Last Name

First Name

Please return to Maranatha Camp:

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