

**Parents' Cooperative Information Sheet:**

1. Camper's Full Name: \_\_\_\_\_ Month and Year Born: \_\_\_\_\_
2. Nickname Preferred: \_\_\_\_\_ School Grade in September \_\_\_\_\_
3. School Last Attended: \_\_\_\_\_
4. School Camper Will be Attending in September: \_\_\_\_\_
5. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
6. Any Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_
7. Any Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_
8. How did you learn of the Cloverleaf Ranch Camp? (Specific): \_\_\_\_\_  
\_\_\_\_\_
9. Has your child been to any camp before? \_\_\_\_\_ Where and  
length of stay: \_\_\_\_\_  
\_\_\_\_\_
10. What do you specifically hope your camper will receive from this camp experience? (In what way do  
you feel camp will help?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How does camper feel about going to camp? Misgivings, fear, hopes, etc.? \_\_\_\_\_  
\_\_\_\_\_
12. What skills do you hope camper might develop while at camp? \_\_\_\_\_  
\_\_\_\_\_
13. Do you insist on your child eating all foods served? What foods does camper refuse to eat?  
\_\_\_\_\_
14. Is camper allergic to any foods? \_\_\_\_\_ Which? \_\_\_\_\_
15. What regular duties or responsibilities does camper have at home? \_\_\_\_\_  
\_\_\_\_\_
16. Does camper have a job away from home? \_\_\_\_\_ What? \_\_\_\_\_
17. Did camper earn part of camp tuition? \_\_\_\_\_

18. What does camper do for recreation? \_\_\_\_\_  
\_\_\_\_\_

19. What is your child good at doing? School: \_\_\_\_\_  
Sports: \_\_\_\_\_ Hobbies: \_\_\_\_\_  
Music: \_\_\_\_\_ Other: \_\_\_\_\_

20. Is camper usually with children of his/her own age? \_\_\_\_\_

21. Does camper get along with friends? \_\_\_\_\_

22. Is camper a member of any clubs or organizations? \_\_\_\_\_

23. For what types of behavior does camper draw discipline from parent? \_\_\_\_\_  
\_\_\_\_\_

24. What methods of discipline have you found most effective? \_\_\_\_\_  
\_\_\_\_\_

25. Will camper require special medicines while at camp? (also include on child's medical form)  
\_\_\_\_\_  
\_\_\_\_\_

26. What kinds of problems, if any, is your child's counselor most likely to encounter? Does your child have difficulties at school? Problems with drugs or alcohol? What additional suggestions do you have for your camper's counselor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Parent's Comments: