Stanislaus County Office of Education

Foothill Horizons SUMMER CAMP

21925 Lyons-Bald Mtn. Rd
Sonora, CA 95370
(209) 532-6673

Camper Information Sheet
2010 Summer Session

Our counseling staff takes great pride in getting to know your child on a close, personal basis. You can help your child's counselor get a start on knowing your child by responding to the questions below. Please help us by answering these questions fully. We greatly appreciate your information.

Camper's Full Name: *First* *M.I.* *Last* *Nickname*

_____

Grade Completed in 2010: _____ **Boy** ❑ **Girl** ❑

1. How did your learn about Foothill Horizons Summer Camp? (e.g., friends, Outdoor Education, other family members who have attended Foothill Horizons, etc.)

_____

_____

2. Has your child attended Foothill Horizons Summer Camp in the past?

Yes ❑ No ❑

3. Has your child attended other camps before? If yes, please tell us where and what length of stay it was for.

Yes ❑ No ❑

Where?_____

Length of stay? _____

Please attach a recent School photo here

➥➥ over ➥➥

4. How does your child feel about going to camp this year? Are there any misgivings, fears, hopes, etc.?

_____

_____

5. What do you especially hope your child will receive from this year's camp experience?

_____

_____

6. What is your child good at doing?

School:_____

Sports: _____

Hobbies: _____

Music: _____

Other: _____

7. For what types of behavior does your child draw discipline from the parents? _____

_____

8. What methods of discipline have you found most effective? _____

_____

9. What kinds of problems, if any, is your child's counselor most likely to encounter?

_____

_____

10. What additional suggestions or comments do you have for your child's counselor?

_____

_____

11. If your child would like to be with a bunkmate, please indicate the name below. **Please limit this to TWO names.**

_____

We will do everything we can to honor your request; however, we make no guarantee all requests can be met.

Rev. 11/09