



BLUE MOUNTAIN DAY CAMP

SUSSEX COUNTY YMCA

15 Wits End Road • Hamburg, NJ 07419
(973) 209-9622 • Day Camp Office (973) 383-8000
A BRANCH OF THE METRO YMCA'S OF THE ORANGES.

PARENT/COUNSELOR CONFIDENTIAL FORM

Instructions – This form is designed to improve communication between Camp and the family we serve. Please take time now to complete SECTION "A" carefully. SECTION "B" will be completed by your child's Counselor and mailed to you following his/her encampment. We would then ask you to complete SECTION "C" and return it to us so that we may have your evaluation.

This form, with only SECTION "A" completed, should be mailed to the Sussex County YMCA with all other forms and payment of camper fees by May 31st.

SECTION A

Camper's name _____ Nickname _____

Camp sessions (circle all that apply) I II III IV

Age _____ School grade in Fall _____ Home phone _____ Birthday _____

With whom does child live? _____

Has child been away from home before? _____

What does he/she like to do best? _____

Special talents or abilities: _____

Hobbies and/or special interests: _____

If there is some activity your child wants particularly to do at Camp, please name it: _____

How does your child get along with others of the same age? _____

Does your child have any serious fears? If so, please tell us about them: _____

Are there any problems which may confront your child while at Camp? i.e., homesickness, bedwetting, sleepwalking, anxiety, moodiness, allergies, etc _____

Please list three objectives you have for your child at Blue Mountain Day Camp, in order of importance:

1 _____

2 _____

3 _____

Any other information you wish to provide that we may be in a better position to understand your child and his/her needs:

If there is one child of the same age and grade whom your child would like to be in the same group with, please write his/her name _____

Please note: Camp policy does not guarantee any specific group assignments.

Date _____ Parent's Signature _____

SECTION B

(To be completed by Counselor following child's departure and mailed to parents)

How did the camper demonstrate progress toward achieving the objectives stated by parents? (see Section A)

- 1. _____

- 2. _____

- 3. _____

What other values do you see he/she gained from the camping experience?

Additional comments: _____

Date _____ Counselor completing report _____ Director _____

SECTION C
PLEASE! COMPLETE & RETURN

Parent Section:

1 How did your child demonstrate progress toward achieving the objectives you had in mind before he/she attended Camp?

2. Do you see any other values he/she has gained from the camping experience?

3. Did you receive adequate information about Camp prior to arrival? _____

If not, please indicate in what way communications could be improved: _____

4 If there is something you would like to see changed or done differently at Camp, please tell us: _____

5 Would you expect to have your child attend **Blue Mountain Day Camp next year?**

Yes _____ No _____ Comments: _____

Camper Section:

1. What do you remember about Camp as "the best"? _____
"the worst"? _____

2 Would you like to come back to **Blue Mountain next year?** Yes _____ No _____

3 Please rate your counselor: poor fair good excellent

(circle one)

If you had more than one Counselor please **name each and rate:**

Parent's signature _____ Camper's signature _____