



Camper's last name: _____

first name: _____

Newfound Owatonna Session: 1 2wk 2 full CIT

Pre-camp questionnaire 2017

(to be completed by a parent/guardian for each camper)

- *Answering the following questions will enable the directors to ensure that your child has the richest possible camp experience.*

Is there anything you would like to share with us about your child's school year?

What is your child's favorite activity within the camp program?

Is there an activity you are particularly interested in having your child be encouraged to try?

Is there an activity that your child is hesitant to participate in? Please explain.

Are there any concerns that you or your child has about Camp?

PLEASE RETURN BY MAY 15 TO:
4 Camp Newfound Road, Harrison, ME 04040