

## Counselor Letter

**Dear Parent: Please help your child have a more positive stay at 4-H Camp Wabasso and a better relationship with his/her counselor by answering the following questions as honestly as possible.**

**All information is kept in confidence.**

Dear Counselor:

My child's name is \_\_\_\_\_ He/She is \_\_\_\_\_ years old.

My child will/will not celebrate a birthday while at camp. Birthday \_\_\_\_\_

My child will have a sister/a brother/no siblings also at camp this week. \_\_\_\_\_

My child looks forward to doing this while at camp. \_\_\_\_\_

My camper is afraid to do this while at camp. \_\_\_\_\_

My child is/is not currently on medication. \_\_\_\_\_

If so what for: \_\_\_\_\_

My child is out going/shy and quiet. \_\_\_\_\_

My child is/is not afraid of the dark. \_\_\_\_\_

My child does/doesn't wet the bed. \_\_\_\_\_

My child sleeps with a special \_\_\_\_\_

My child will/will not sleep on the top bunk. **\_\_ Please note:** Children under 10 are not allowed to sleep on the top bunk.

My child is/is not comfortable in and around the water \_\_\_\_\_

My child refuses to eat \_\_\_\_\_

My child can/can not groom themselves. \_\_\_\_\_

My child has these responsibilities at home \_\_\_\_\_  
(dishes, garbage, etc.)

Is your child under any stress that may carry over to camp? \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>For Official Use Only</b>
Session (s): _____
Dates: _____