



About My Child

Print Child's Full Name: _____ T-Shirt Size _____

Child's Preferred Name: _____

Has your child ever been to a camp before? Yes No

If so, which camp(s) and when? _____

Has your child participated in organized group activities, clubs, or school activities? Yes No

If so, where and for how long? _____

Is your child eager to come to camp? Yes No

If not, why is your child hesitant? _____

Please list the activities in which your child excels: _____

Please list the activities in which you would like your child to improve: _____

What does your child like to do in his/her spare time? _____

In what ways would you like camp to help develop your child's habits, physical skills, Jewish knowledge, social attitudes, knowledge, etc.? _____

Does your child have any particular fears? Yes No

If so, how does your child deal with those fears? _____

Does your child make friends quickly? Yes No

Is your child happier alone or with other children? Alone With Others

Does your child share well with others? Yes No



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If your child is angry or frustrated, what do you do to help your child move beyond that? _____

Does your child enjoy music? Yes No

Does your child enjoy art activities? Yes No

Does your child enjoy dance? Yes No

Does your child enjoy drama/creative play? Yes No

Does your child enjoy being outside? Yes No

Does your child play a musical instrument? Yes No

If so, what instrument(s)? _____

Does your child have siblings? Yes No

If so: Are they attending camp? Yes No

What is your child's relationship with his/her siblings? _____

Who does your child live with? Parent 1 Parent 2 Both Legal Guardian (Relationship):

Is there anything else that would be helpful for us to know to help your child enjoy coming to camp, be comfortable with other campers, and fully participate in our camp program? _____
