

# Lake Shore Schools

## Silver Spurs Day Camp Parent Questionnaire

Welcome to Silver Spurs Day Camp! We want to make this summer an amazing experience for all campers and families – so we are asking for a little help from you! Whether your child is with us throughout the year, a returning camper or a new camper we want to know a little bit about your child!

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Does your child have any allergies or medical conditions? If yes, please list below.

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2. How does your child feel about swimming?

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3. What are your child's strengths?

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4. Where might your child need some support?

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5. What about summer camp is your child most excited about?

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6. Is there anything else important for us to know about your child?

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