

The YMCA-YWCA of Winnipeg is eager to take an active role in your child's enjoyment of our Day Camp Program. It would be helpful to our staff that you complete the following questionnaire in order to provide the best camp experience possible.

Name of Child: _____

What is your child's experience with day camp? (please check)

- Has never been to camp Has been, but to another camp Has been here many times

How does your child feel about coming to camp? (please check)

- Excited Nervous Indifferent Resistant

Energy: Is your child always on the move and busy or quiet and calm?

1 2 3 4 5

Quiet

Sits and plays quietly for extended periods of time

Very Active

Always on the move. Even when sitting, is still moving in place.

First Reaction: What is your child's first reaction when they are asked to meet people, try a new activity or idea or someplace new?

1 2 3 4 5

Jump Right In

Doesn't hesitate in new situations. Open to new activities.

Very Active

Holds back before participating. Is distressed by new activities.

Adaptability: How quickly does your child adapt to changes in their schedule or routine?

1 2 3 4 5

Adapts Quickly

Easily stops one activity and start another. Is not upset by surprises.

Slow to Adapt

Has a hard time with activity transition. Needs a set schedule. May be very upset by surprises.

What would help make your child feel more comfortable at camp?

Is there anything extra that we should know about your son or daughter?
(Challenging behaviour, things you are working on at home, etc.)

Please feel free to use the back of the form to notify us of any additional information.

**Please return this form at time of registration (in person, fax or email)
Address/contact information available for all Branches at www.ywinnipeg.ca**

If you have any comments or questions, please contact the Youth Program Coordinator at your local Branch.

