



LETTER TO MY CAMPER'S COUNSELOR

to be completed by the parent or guardian

The staff at Wolf Ridge values each camper. This letter helps us understand your child and to help them become a safe, successful and happy camper! Thank you for taking the time to complete this form!

Camper's Full Name _____ Session/Dates Attending Camp _____

Dear Counselor,

This is _____'s _____ year at an overnight camp and _____ year at Wolf Ridge. He/she is feeling
Camper's First Name
(please check one) _____ Excited _____ Ambivalent _____ Somewhat nervous _____ Very Nervous about attending camp.

At home, my camper lives with (if parents are separated, please put a star near the parent/guardian with which the camper lives.)

_____ 1 parent/guardian _____ 2 parents/guardians _____ Other _____ Brother(s) & Ages _____ Sister(s) & Ages _____

Parent 1/Guardian name, Occupation _____

Parent 2/Guardian name, Occupation _____

The longest my camper has been away from home without family is _____ nights. When they were away from home, they felt _____.

I want my child to attend camp because _____
_____. I hope my camper will _____
_____ while at camp.

The best words to describe my camper's personality are _____
_____.

My child thrives in	Location	Time	Person	Context	
<input type="checkbox"/>	In school	<input type="checkbox"/>	Upon waking	<input type="checkbox"/>	When in large groups
<input type="checkbox"/>	During meals	<input type="checkbox"/>	Morning	<input type="checkbox"/>	When in small groups
<input type="checkbox"/>	At home	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	When by him/herself
<input type="checkbox"/>	In vehicles	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	When in transition
<input type="checkbox"/>	In her/his bedroom	<input type="checkbox"/>	Evening	<input type="checkbox"/>	In noisy environments
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

They are most happy about _____ and most unhappy
when _____. My camper gets frustrated, angry, upset or sad, when
_____ They

handle these emotions by (hitting, screaming, isolation, throwing things, talking back, etc) _____

_____ We

handle their behavior by (techniques used) _____

_____. My camper is apt to be afraid of _____.

My camper wakes up on average at (insert time) _____ and in order to get a good nights sleep he/she

needs to (read, music, brush teeth, etc) _____

_____ before bed. My camper has the following chores at home _____

_____ and is _____

_____ at taking care of their own personal belongings.

My camper gets along with other campers who _____

_____.

He/she generally treats other participants and adults _____

_____.

My camper's swim ability/level is _____.

When working with my camper, please ensure you _____

Sincerely, _____ Date _____

Wolf Ridge's Summer Camp Program strives to introduce campers to new experiences and opportunities for learning. The counselors work together to keep your camper safe while allowing them to have fun and learn.

You and your camper also have a responsibility for making the session successful. On the Letter to My Counselor form completed by your camper, you will find the Camper Behavior Guidelines & Agreement. This agreement outlines some of the expectations we have of campers and parents/guardians. Please take the time to read through and discuss it with your camper. Following and understanding these behavior guidelines helps us to ensure everyone has a positive experience at Wolf Ridge!

Please complete this form and mail it back to Wolf Ridge 3 weeks prior to your child's session.

Mail to

Wolf Ridge ELC
6282 Cranberry Road
Finland, MN 55603

Email

mail@wolf-ridge.org