

# ROOKIE DAY

## PARENT QUESTIONNAIRE

Camper's Name: \_\_\_\_\_ Grade NEXT Sept: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Cell # : \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

1. How did you hear about Timber Lake?

2. Please circle your child's favorite activities:

Swimming	Water sports	Hockey	Golf	Softball/Baseball
Adventure Ropes	Soccer	Tennis	Basketball	Lacrosse
Gymnastics	Arts & Crafts	Dance	Football	

3. Is your child a deep water swimmer? YES NO

4. Does your child have any sensitivities or fears?

5. Does your child require any special dietary or medical needs?

6. Does your child take any medication on a daily basis? If yes, please list.

**Contact Us At:**  
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