

PIONEER CAMP & RETREAT CENTER
9324 LAKE SHORE ROAD
ANGOLA NY 14006
(716) 549-1420
PIONEER CAMPER INFORMATION REQUEST FORM

Please return this form to Camp Pioneer AT LEAST TWO WEEKS PRIOR TO YOUR ARRIVAL AT CAMP. The information you give us here will be kept in complete confidence with the counselor in charge of your child. The information is important in that it assists each counselor in getting better acquainted with your child and aids in a more intelligent and effective approach to their responsibility.

Program (i.e. Confirmand/Youth/Teen, etc.) _____ Dates of Camp Session _____

Camper's Last Name _____ First Name _____

City _____ Nickname _____ Date of Birth _____ Age _____ Sex _____

Parent's / Guardian's Name _____

Father's Occupation _____ Mother's Occupation _____

INTEREST AND SKILLS

What are the camper's hobbies? _____

Which of the following does he/she especially like?

Nature study Archery Softball or Baseball

Volleyball Boating or Canoeing Tennis

Swimming Arts & Crafts Music

Others: _____

PHYSICAL

Is the camper troubled with enuresis? (bed wetting) _____

Are there any special dietary needs? _____

Are there foods to which the camper is allergic? _____ If so, name: _____

Are there any physical conditions that the counselor should be aware of? _____

MENTAL

Conduct at school has been: Excellent Good Fair Poor

Describe camper's reading ability: _____ Does camper like school? _____

Favorite subjects and / or activities: _____

SOCIAL

of Brothers _____ Ages of Brothers _____ # of Sisters _____ Ages of Sisters _____

Do both parents reside at the home of the camper? _____ Explain: _____

(OVER PLEASE)

Camper attitude toward camp experience: ___ Enthusiastic ___ Interested ___ Luke warm ___ Unenthused

Prior camping experience? _____ Positive or Negative? _____ Explain: _____

Do you think the camper might become homesick? _____ Explain: _____

What treatment do you prescribe for homesickness? _____

Check camper's temperament: ___ Timid ___ Quiet ___ Aggressive ___ High Strung
___ Moody ___ Happy ___ Sensitive ___ Nervous
___ Other _____

How well does the camper get along with others his/her own age? _____

RELIGIOUS

Describe the camper's understanding of the Bible? ___ Outstanding ___ Good ___ Fair ___ Poor

Family Devotions: ___ Regular ___ Occasionally ___ Never

Church Membership: _____

Has the camper been confirmed? _____ Does the camper attend Sunday School? _____

Is the camper enrolled in a parochial school? _____

MISCELLANEOUS

What time doe the camper go to bed? _____ Get up? _____

In your opinion, what constitute the most effective form of discipline if the camper misbehaves? _____

Known fears and / or weaknesses: _____

In what way do you think the "Pioneer Experience" can best help develop your son or daughter? _____

Parent's/Guardian Signature _____ Date _____

****PLEASE CALL THE PIONEER OFFICE {716-549-1420} TO MAKE ANY NECESSARY ARRANGEMENTS FOR SPECIAL DIETS****

PLEASE RETURN THIS FORM TO PIONEER TWO WEEKS PRIOR TO YOUR ARRIVAL AT CAMP. WE WOULD LIKE OUR COUNSELOR TO READ THIS FORM BEFORE YOUR CHILD ARRIVES AT CAMP. PLEASE MAKE SURE WE HAVE THIS FORM BEFORE YOUR CHILD ARRIVES.