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## CAMP YOMAWHA PARENT QUESTIONNAIRE 2012

Child's Name: \_\_\_\_\_

1. Current Grade: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

3. Child lives with: \_\_\_\_\_

4. Child T-Shirt Size: \_\_\_\_\_

5. First time camper: YES / NO (please circle)

6. Why have you chosen Camp Yomawha as a summer experience for your child? (please circle all options that apply)

Past Camper      Friend/Family Recommendation: Name \_\_\_\_\_

School: \_\_\_\_\_      Website: \_\_\_\_\_      In Other Y Program

Camp Fair: Location \_\_\_\_\_      Big Apple Parent      New York Family

7. Things my child likes to participate in:

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8. Strategies for when my child is upset:

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9. I hope my child will accomplish the following at camp this summer:

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10. Anything else I would like my child's counselors to know:

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Thank you for filling out this form! We look forward to working with your child this summer!