



Camp Howe
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A Letter To My Child's Counselor
(To be completed by camper's parent/guardian)

Dear Counselor,

This is _____ 's _____ year at an overnight camp.

I want my child to go to camp because _____

While at camp, I hope that _____

My child is: most happy when _____

most unhappy when _____

enthusiastic about _____

not fond of _____

apt to be afraid of _____

allergic to _____

and is _____ at taking care of personal belongings.

Gets along with age-mates who _____

Lives with : Name _____ Relationship _____

Has the following responsibilities at home: _____

With regards to hygiene (brushing teeth, washing) my child can/cannot do it unattended. To assist him/her the staff may need to _____

You should be careful about: _____

Has a history of bed wetting, _____

Has been diagnosed as having any learning disability, emotional or behavioral problem Y /N

If yes, please explain (the information will be held in confidence, and used only to help us provide the best possible experience for your child): _____

Parent/Guardian's Signature _____

Date _____