



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 \_\_\_\_\_