



# 2010 Smirkus Camp – Parent Questionnaire



Please return all forms to: Smirkus Camp, 1 Circus Road, Greensboro, VT 05841  
This form is to be completed by the parent/guardian.



**Attach  
Camper's  
Photo  
Here**



**Camper Name** \_\_\_\_\_

**Session(s)** \_\_\_\_\_ **Age** \_\_\_\_\_

## Parent/Guardian Summer Contact Information (please print clearly)



Name \_\_\_\_\_ Name \_\_\_\_\_

Relation \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Home \_\_\_\_\_



Work \_\_\_\_\_



Work \_\_\_\_\_

Other \_\_\_\_\_



Other \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_



## Emergency Contact Information (other than parent/guardian)

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

City/State \_\_\_\_\_ Phone: Day \_\_\_\_\_

Evening \_\_\_\_\_

## Important Camper Information

Special Dietary Needs: Vegetarian Vegan Gluten-free Kosher Lactose Intolerant Other

Food Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Does your child have a history of sleep-walking? \_\_\_ falling out of bed? \_\_\_ making birthday wishes? \_\_\_

Does your child have any health concerns or behavioral issues that we should be aware of?

(such as recurring injuries, history of illness, eating disorders, behavioral issues, asthma, allergies, recent hospitalizations...)



Are there any events that have occurred in the past, or that you anticipate may occur prior to camp, that could have an effect on your child – good or bad?

(such as the death/sickness of a family member, friend or pet; recent divorce or marriage of parent; moving; new baby in the family; trouble in school; straight A's this semester; excelling in sports...)



Please provide any additional comments on how we can help you and your child to have a meaningful and successful circus camp experience.



# 2010 Smirkus Camp – Camper Questionnaire

Please return all forms to: Smirkus Camp, 1 Circus Road, Greensboro, VT 05841  
This form is to be completed by the camper.



Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

This will be my \_\_\_ year at camp! Roommate Requests \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birthday \_\_\_\_\_

Other family members who have attended Smirkus Camp \_\_\_\_\_



## WHAT ARE YOUR FAVORITES?



FOOD: \_\_\_\_\_ SPORT: \_\_\_\_\_ COLOR: \_\_\_\_\_

MUSIC: \_\_\_\_\_ CIRCUS ACT: \_\_\_\_\_ BOOK: \_\_\_\_\_

MOVIE: \_\_\_\_\_ ANIMAL: \_\_\_\_\_ DESSERT: \_\_\_\_\_



What do you like to do in your free time?



What camp activities are you most excited about experiencing?



What is something cool that has happened to you this year?



What is your favorite joke?

## SMIRKUS CAMP PEN-PALS!

Smirkus Camp has a pen-pal program to help campers get to know each other before the start of each session. We connect new kids with returning kids, kids with similar interests and kids who just want to get to know other circus fans! If you are interested in this program, fill out the information below and we'll contact you by email to let you know who your pen-pal is as soon as we find one for you.

Yes! I would like to have a Smirkus Camp Pen-pal!

Please use this email address to contact my new pen-pal: \_\_\_\_\_

