

3rd - 5th Grade **Camper Goals and Objectives**

Camp	er's Name:			Gender		Grade:	
Paren	t/Guardian Name(s	١٠					
<u>r ar en</u>	y Guardian Name(s	<i>)</i> •					
	To help answer	some of the o	questions, here is a sma	II sample of	the activities we	e offer.	
	Remember,	this is only a	sample. Please feel fre	e to list som	ething not show	n.	
Arts Pottery otography	Adventure Sports Climbing Tower Archery	Aquatics Swimming Canoeing	Outdoor Living Skills Outdoor Cooking Campfires	Ideas Library Reading	STEM Gardens Animal Science	Life Skills Responsibility Teamwork Independence	
Dance Theater Music provisation	Team building Nine Square Zip-Line Low-Ropes	River trips Jr. Lifeguard	Shelter-building Camping Tool crafts Knot tying	Cooking Writing Languages Book Club	Plant life Journaling Robotics Drones	Trying New Things Leadership Making Friends Problem-Solving Communication	
Crafts Painting			Orienteering Backpacking	Comics	Ice Cream Making Nature hikes	Self-Discipline Planning Conflict Resolution	
2. \ 3. \	·	nterests does ve for your chi					
			ld develops or improves v				
	6. Have you reviewed the specific information about the program for which your child is applying? ☐ Yes ☐ No If you have any questions or concerns, please do not hesitate to call us at 314-644-3322.						
have reviewed the information about Sherwood Forest Camp and the 28-day program. I will provide support and encouragement to help my child successfully complete this program.							
arent/0	Parent/Guardian Signature:Date						

Camper Goals and Objectives

For Camper to Complete

1.	Whose idea was it for you to apply to this Program?				
	If it was not your idea, do you want to apply to and participate in the program? \square Yes \square No				
2.	Why do you want to come to camp?				
3.	How do you feel about attending Sherwood Forest Camp this summer? (Please mark any that describe your feelings.)				
	☐ Excited ☐ Excited, but a little nervous ☐ It could be fun ☐ I think it will be an adventure				
	☐ I'm OK going but, I would be OK staying home, too☐ Scared☐ I don't want to go☐ Other (if your feeling isn't shown or you want to add something, please write it here):				
4.	Do you understand that you will be at camp for 28 days and are you willing to stay at camp that long? \square Yes \square No				
5.	To begin preparing for the Leadership Training Program, all campers participate in overnight trips - which consist of hiking, sleeping outdoors, cooking over a fire, and other outdoor living skills you will learn at camp. 4 th and 5 th grade campers may also participate in trips that include canoeing. Are you willing to participate in these trips? Yes No				
6.	What are you most looking forward to while you are at camp?				
7.	What goals would you like to achieve while at camp or what would you like to improve or work on while at				
	camp?				
8.	Is there anything that is concerning/worrying/making you nervous about coming to camp? If so, what?				
9.	What else do you want us to know about you?				
10	. Any other comments or thoughts?				
-	v choice to apply to this program, and I want to participate in this program. I have reviewed the information about and Forest Camp and the 28-day program. I would like to be considered for participation in this program.				
Campe	er's Signature Date				
· · · —	————————				
•	Director Reviewed: Date: Interview Needed: Yes No Scheduled:				
Camp	vers reviewed during interview: per's Initials:				
Camp	nt's Initials: o Director's Initials:				
Date:					