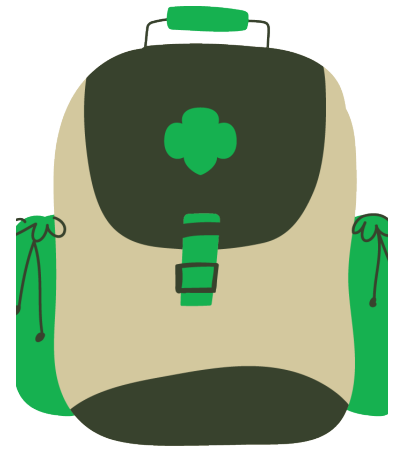


Are We Ready For Camp?

Take this fun quiz together with a parent or caregiver to figure out the perfect outdoor adventure for you this summer! Add up the number of times you say “yes” in each section and see how it compares to our suggestions. Don’t worry, there are no right or wrong answers – we just want to help you find the best camp for you! Remember, this is just a suggestion. You and your family know what makes you comfortable and happy the best.



Camper Readiness

Have you been away from home for one night or more with family or friends (sleepovers, vacations, etc WITHOUT your primary caregiver)?

YES **NO**

Can you keep track of your personal belongings without help?

YES **NO**

Can you take care of personal needs, like shampooing and brushing your own hair?

YES **NO**

Can you focus in group situations and follow safety directions from adults who are not your primary caregiver?

YES **NO**

Can you communicate with adults who are not your primary caregiver about your needs?

YES **NO**

Can you manage your fears (bugs, the dark, lightning, etc) with coping mechanisms learned at home and support from adults who are not your caregiver?

YES **NO**

Less than 4

4-8

9-13

You are ready to try Day Camp.

You are ready to try troop or family camping.

You are ready for your favorite overnight camp session.

Parent Readiness

Can you relax when your child is away from home (school, with family, sleepovers, etc)?

YES **NO**

Do you agree with the rule that all campers will participate in daily kapers (chores) to help keep camp clean and running?

YES **NO**

Are you confident in your child’s ability to get themselves dressed, make their bed, keep their area neat, be prepared for the day, and maintain proper hydration?

YES **NO**

Are you confident that your child will NOT leave the group without asking the adult in charge?

YES **NO**

Do you want your child to experience new perspectives, values, skills, and lived experiences, as well as be encouraged towards positive risk taking?

YES **NO**

Are you comfortable and able to go 5 days without speaking to your child, unless an emergency arises?

YES **NO**

Are you confident in the Girl Scouts safety practices? Can you trust us to properly medicate your child if needed? Can you trust us to accommodate all dietary restrictions if needed? Can you trust us to respond appropriately in an emergency?

YES **NO**