

EL CAMINO PINES OUTDOOR SCHOOL PLANNING QUESTIONNAIRE

Please complete and FAX to (661) 245-2047 at least four weeks prior to your arrival.

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Dates Attending: _____

Fax: _____ Email: _____

Person in Charge while at Camp: _____

Please list the names of other people attending (teachers, parents, leaders, etc.):

Total Number of Students: _____ (Female: _____ Male: _____)

Please list your preferences for CORE CLASSES: Please select classes using drop down menu.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th Choice: _____

Our Standard program includes
Community Dynamics and
Predator and Prey. Four and five
day schools will also participate in
our California Trail Living History
Program.

Please list your preferences for ELECTIVE CLASSES:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th Choice: _____

Please list your preferences for EVENING CLASSES:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

In order for our Instructors and staff to bring your students the best Outdoor School experience possible, we ask that you fill out the following information.

- 1) What grade level(s) are you bringing to El Camino Pines Outdoor School?
- 2) Is your school a private Christian school, a private secular school, or a public school?
Please be specific (i.e. ELCA or LCMS).
- 3) Are there any behavioral concerns or special needs the staff need to be aware of?
 Yes No If yes, please explain:
- 4) To give our instructors a better understanding of what to prepare for and focus on during Community Dynamics, on a scale of 1 to 10, how well do the students perform in the following areas:

Communication?

Concentration?

Cooperation?
- 5) To help us remain consistent with the teachings of your school, which version of creation or evolution do you teach? Please be as specific as possible.
- 6) Do you have any other beliefs or teachings that might be helpful for our staff to know about?
- 7) Would you like to request any changes in the regular schedule format? Yes No
If yes, please explain:
- 8) Are there any dietary preferences or food allergies the kitchen staff needs to be aware of?
 Yes No If yes, please explain:
- 9) Are there any health concerns or severe environmental allergies the camp staff needs to be aware of? Yes No If yes, please explain:
- 10) Do you have any song requests for Morning Song or Evening Song?
- 11) Please use this space for any other questions or comments.