

Camper Information Form

Camper's Name: _____

Allergies: _____

Medications: _____

Does your child have any behavioral or developmental issues? _____

If yes, has your child been evaluated? _____ Diagnosis: _____

Please let us know how these issues have impacted his/her participation in other school and camp programs. *Failure to disclose your child's special needs hinders our efforts to create a safe and supportive atmosphere for each camper and could result in the loss of your camper's spot.*

Please list any therapies and/or services (i.e. SEIT, OT, PT, Speech, etc.) received throughout the year and indicate any services that will be scheduled during the camp day. Please attach a sheet if you need more space.

Service or Therapy	Name of Practitioner	Practitioner's Agency name and phone	Summer schedule if applicable	Issue or delay to be addressed

What activities does your child enjoy most? (drawing, reading, dressing up, running around, etc.)

What activities does your child struggle with or find challenging? (tying shoes, holding a crayon, using scissors, running, making new friends, etc.)

Is there anything else you would like the staff to know about your child?

If your Little Friends camper is staying with us for the afternoon, please help us to structure your child's rest time so that it is consistent with your routines at home and meets the napping needs of you and your child. Our rest times average about 45 minutes.

Does your child nap at home? _____

If yes, approximately how long does your child usually sleep? _____

Would you like us to allow your child to sleep longer? _____

What is the best way to wake your child from a nap? _____

Is there anything else we should know about your child's sleeping and/or waking routines?

PERMISSION SLIP

Camper's Name: _____

I give my permission for the Little/Bigger Friends Day Camp Staff to apply the suntan lotion I send to camp, to my child during the camp day.

Parent/Guardian Signature: _____

I give my permission for the following people to pick up my child from camp in addition to myself and my spouse/my child's other parent:

Parent/Guardian Signature: _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In order to facilitate carpools and play dates, the camp will distribute contact lists with the following information. Please check off any information you do not want shared with the other camp families in your child's group.

Parent/Guardian Signature: _____

X here to indicate that this information should NOT be published.	Listing categories:	X here to indicate that this information should NOT be published.	Listing categories:
<input type="checkbox"/>	Home Phone Number	<input type="checkbox"/>	Parent 1 Name
<input type="checkbox"/>	Street Address	<input type="checkbox"/>	Parent 1 Cell Phone
<input type="checkbox"/>	E-mail address	<input type="checkbox"/>	Parent 2 Name
<input type="checkbox"/>		<input type="checkbox"/>	Parent 2 Cell Phone