



Camper Information Form

Please complete this form for each child enrolled in Summer Kids Club.

This form is designed to ensure our staff have the necessary information to provide the best possible experience for your child in the Summer Camp program. Please return completed **at least one week prior** to the start of Summer Kids Club.

Child's Name: _____ Date this form was completed: _____

My child is attending Kids Club at:

- Discover (Grades 1-2) Voyager (Grades 3-4) Ranger (Grades 5-6) Adventure (Grades 7-8 & Senior Campers)

Any known behavior or health concern which you want us to be aware of:

Parents' recommendations for us to best support your child:

If applicable, please describe any behaviors our staff should note (typical and/or atypical) from your child:

Are there any situations that typically trigger this concern in your child?

Has there been any plan of action designed which has been effective for supporting your child while in school?
If yes, please explain or include a copy of his/her behavior plan:

I have completed the Physician's Request to Administer Medication form so that my child may receive and/or self-administer medication while at summer camp.

I plan to meet with the Camp Director on the first day my child attends the program to provide additional information and/or instruction for my child's care.

Person to contact when we want to share the joys and concerns of your child:

Name: _____ Phone number: _____

I give permission for this information to be shared with staff members who will be working with my child.

Signature of parent/guardian: _____