Camp **Grossman**



2022 SPECIAL NEEDS PRE-REGISTRATION FORM

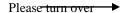
Confidential: Only for Allison Hitchings, Special Needs Director

Please complete the form below and submit to Camp Grossman.

CAMPER INFORMATION

Date of Birth Month	Day	Year	Gender
Address			
Parent/Guardian Name			
Address (if different than above <u>)</u>			
Primary Phone		Cocondany Dhono	
□ cell □ hor	ne □ work	□ cell —	□ home □ work
Email		Relationship to C	amper
Parent/Guardian Name			
Address (if different than above)			
Primary Phone cell hor			
□ cell □ hor	ne □ work	□ cell	□ home □ work
Email		Relationship to C	amper
With whom does the child live?			
With whom does the child live?	TION		
With whom does the child live?	TION 04 plan?		
With whom does the child live?	TION 04 plan?		
With whom does the child live?	TION 04 plan?		
With whom does the child live? EDUCATIONAL INFORMA Does the child have an IEP or a 50 What is the diagnosis? In what type of school program is	TION 04 plan? s the child enrolled?		
With whom does the child live?	TION 04 plan? s the child enrolled?		
With whom does the child live?	TION 04 plan? s the child enrolled?	Email	

authorization to receive information about your child.





Camp **Grossman**



CAMP EXPERIENCE

Has the child ever been to camp before?
If so, where and when?
Briefly describe their camp experience:
MEDICAL INFORMATION
Is your child currently on any medication? □ Yes □ No
If so, please list
Is your child receiving behavioral health services? □ Yes □ No
If so, with whom?
Phone Number
☐ I hereby give permission for Allison Hitchings to contact the aforementioned school and medical professionals in considering my
child for enrollment in Camp Grossman.
Print Name
Signature
Date
Relationship to child
Please mail to:
Camp Grossman

Attn: Allison Hitchings 333 Nahanton Street Newton, MA 02459

